MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 67747

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River 54

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Gentian Lane X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River 54

STREET ADDRESS (If rural, give location) 7 Gentian Lane

3. NAME OF DECEASED: (Type or Print) (First) Loretta (Middle) A. (Last) Bacon

4. DATE OF DEATH: (Month) August (Day) 9, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 1, 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Elevator Operator

10b. KIND OF BUSINESS OR INDUSTRY: Copley Bldg.

11. BIRTHPLACE (State or foreign country): Springfield, Massachusetts 18

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nelson T. Cumming

14. MOTHER'S MAIDEN NAME: Laura

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Laura L. Gilbert, 7 Gentian Lane, Middle River

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Pulmonary oedema — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

Antecedent cause(s) (b) arteriosclerotic heart disease — years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8, 1953, to 8-9, 1953, that I last saw the deceased alive on 8-8, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS Church Home & Hosp DATE SIGNED 8-10-53

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF 8/12/53

NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

LOCATION (City, town or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. 8-11-53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 [illegible]-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7748

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn X
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1907 Englewood Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODLAWN X
STREET ADDRESS (If rural, give location) 1907 Englewood Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H. (Last) Beard

4. DATE OF DEATH: (Month) AUG. (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 28th 1880

9. AGE last birthday: 73 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watch maker

10b. KIND OF BUSINESS OR INDUSTRY: Ward Montgomery

11. BIRTHPLACE (State or foreign country): Carroll Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Beard

14. MOTHER'S MAIDEN NAME: Mary Rosenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-07- 7383

17. INFORMANT AND ADDRESS: Mrs. Wm H. Beard 1907 Englewood Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocardial Degeneration — 6 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — Uncertain

(c) Nephritis — Uncertain

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — Uncertain

593X

260X

19a. DATE OF OPERATION: No Operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1953, to Aug 4, 1953, that I last saw the deceased alive on Aug 3, 1953, and that death occurred at 4.20 A.m., from the causes and on the date stated above.

SIGNATURE Joshua H. Armacost (Degree or title) M.D. ADDRESS 6419 Windsor Mill Rd. Baltimore DATE SIGNED 8/4/53 Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Aug. 6th 1953

NAME OF CEMETERY OR CREMATORY: Deer Park Methodist Cem

LOCATION (City, town, or county) (State): Smallwood, Carroll Co., Md.

DATE REC'D BY LOCAL REGISTRAR: AUG 5 REC'D

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Willis Lamotte ADDRESS: 4510 Liberty Heights Av

VS A16

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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07749

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 53 Cottage Ave — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 7 Cottage Ave — 03-53-1
STREET ADDRESS (If rural give location): Dundalk 22 Md

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Beverly (Last)
4. DATE OF DEATH: (Month) August (Day) 31st (Year) 1953

5. SEX: M
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): wid
8. DATE OF BIRTH: December 1870 — 82 yrs.
9. AGE last birthday: If under 1 year Months — Days; If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Virginia 43
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Dangerfield Beverly
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Gladys King 8014 Norris Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia	5 days
447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension; arterio-sclerosis	—
	(c) Pulmonary Congestion	—

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1st, 1953, to Aug 31st, 1953 that I last saw the deceased alive on August 31st, 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): J H Thomas MD — ADDRESS: — DATE SIGNED: 8/31/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept 4 1953 — NAME OF CEMETERY OR CREMATORY: Arbutus Mem Park — LOCATION (City, town, or county): Balto. — (State): Md

DATE REC'D BY LOCAL REG.: 9/1/53 — REGISTRAR'S SIGNATURE: W W Hedrick — 24. FUNERAL DIRECTOR: Mrs. Robt. A. Elliott & Dghr. — ADDRESS: 1124 N. Caroline St.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07250

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore County | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (In this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS 6827 Belclare Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22 | STREET ADDRESS (If rural, give location) 6827 BELCLARE RD

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
CAROLINE CUMMINGS Boyd	8 28 1953	FEM.	WHITE	WIDOWED	4 NOV. 1880	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
REGISTERED NURSE	MEDICAL	MASS.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LUCIUS CUMMINGS	ANGELINE C. CUMMINGS (FORBUSH) NEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NO	212-07-9147A	MRS. K.W. MOSS - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Arteriosclerotic Cardiovascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis

(c) Myocardial Infarct

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William V. Lovett	MD		Aug 29, 1953

23. BURIAL, CREMATION or REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	8-31-53	LORRAINE PARK	BALTO. CO., MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 31-1953	William M. Kelly	Mitchell-Bruce-Bradley	Dundalk, Md

S. A16A

RECEIVED
SEP 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02751

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1808 Summit Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Park
STREET ADDRESS (If rural give location) 1808 Summit Ave.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (Last) BRENNAN

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 6-25-1899

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Marine

10b. KIND OF BUSINESS OR INDUSTRY: Oiler (Maritime)

11. BIRTHPLACE (State or foreign country): Scotland S6

12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: John Brennan

14. MOTHER'S MAIDEN NAME: Sara ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-03-1574

17. INFORMANT & ADDRESS: Mrs Estelle Brennan (Wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

H14X

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 12 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Rheumatic Endocarditis — 1 year.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953, to Aug 2, 1953, that I last saw the deceased alive on Aug 2, 1953, and that death occurred at 5.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T. M. Brumgardner M.D Balto 6 Md 8/2/53

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial — DATE THEREOF Aug 5 1953 — NAME OF CEMETERY OR CREMATORY Lorraine Cemetery — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

John S. Connelly - 418 Eastern Ave Balto 21 Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Owings Mills
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1911 W. Lafayette Avenue

3. NAME OF DECEASED (Type or Print): (First) McHenry (Middle) (Last) Brown

4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 8-30-51

9. AGE last birthday: 1 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): patient

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Brown

14. MOTHER'S MAIDEN NAME: Jesse Jones

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Institution records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
473X Immediate cause	(a) Status Thymus lymphaticus	instant
? Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. ~~DUE TO~~	(b) Acute tonsillitis	1 day
~~DUE TO~~	(c) Bronchopneumonia	1 day

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Mongoloid condition

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-19 , 19 53, to 8-27 , 19 53, that I last saw the deceased alive on 8-27 19 53, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

SIGNATURE: Viola B. Johns (Degree or title) M.D. ADDRESS: Rosewood Owings Mills Md. DATE SIGNED: 8-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 31/53 — NAME OF CEMETERY OR CREMATORY: Rosewood Cemetery — LOCATION (City, town, or county) (State): Owings Mills, Md.

DATE REC'D BY LOCAL REGISTRAR: 8-31-53 — REGISTRAR'S SIGNATURE: Mary B. Eline — 24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

RECEIVED
SEP 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Essex Balto Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 819 Essex Ave

3. NAME OF DECEASED (Type or Print) (First) Leo (Middle) William (Last) Bruns
4. DATE OF DEATH (Month) Aug. (Day) 29 (Year) 1953
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 4-1896
9. AGE last birthday 5[illegible] yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Highway Dept
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John James Bruns
14. MOTHER'S MAIDEN NAME Catherine Kaufman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-16-5026
17. INFORMANT AND ADDRESS Mrs Dolores Kiniffin 819 Essex Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J M Bowers M Dep Med. Exam. Dundalk 22 Md 8/30/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-31-53
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
LOCATION (City, town, or county) Balto. Md. (State)
DATE REC'D BY LOCAL REG. 8/30/53
REGISTRAR'S SIGNATURE Edith Hurley
24. FUNERAL DIRECTOR C. L. Bruzdzinski 1407 Eastern Ave Rd. Balto 21 Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

RECEIVED
SEP 1 1973
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
LENGTH OF STAY (in this place) 4 1/2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3514 E. Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
STREET ADDRESS (If rural, give location) 3514 E. Joppa Rd.

3. NAME OF DECEASED (Type or Print) (First) Joyce (Middle) Maxine (Last) Buecker
4. DATE OF DEATH (Month) Aug. (Day) 31 (Year) 1953
5. SEX Female
6. COLOR OR RACE Whity
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH 4/9/1953
9. AGE last birthday yrs. If under 1 year Months 4 Days 22 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Buecker
14. MOTHER'S MAIDEN NAME Grace M. Stevens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Charles M. Buecker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia-, bronchio-, acute (overwhelming toxemia) — INTERVAL BETWEEN ONSET AND DEATH 1 day

491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Premature 6 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson (Degree or title) M.D., D.M.E. ADDRESS Towson Md. DATE SIGNED 8/31/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/1/53
NAME OF CEMETERY OR CREMATORY Lassahn Burying Grounds
LOCATION (City, town, or county) Balto. Co., Md. (State)
DATE REC'D BY LOCAL REG. 9/8/53
REGISTRAR'S SIGNATURE Wm Hammett
27. FUNERAL DIRECTOR Lassahn Funeral Hme. ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
BUREAU V. S.

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mallard Rd. Box 713 - RT 16. 20.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River C2-54-1
STREET ADDRESS (If rural give location) Mallard Rd. Box 713 - RT. 16. Zone 20

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) W (Last) BURTON
4. DATE OF DEATH: (Month) AUG (Day) 19TH (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: AUG 13TH 1880
9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): BALTO. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES R STRAN
14. MOTHER'S MAIDEN NAME: SABINA SUMMERS PRINCE.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. WINIFRED J. HEILMAN. CHASE P.O. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis
422.1 Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pituitary Tumor.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1944, to Aug. 19, 1953, that I last saw the deceased alive on Aug. 19, 1953, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Wolfe M.D. ADDRESS 1331 E. North Ave Baltimore DATE SIGNED 8-20-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 8/22/53 | NAME OF CEMETERY OR CREMATORY Perry Hall Meth. Cem. | LOCATION (City, town, or county) Perry Hall | (State) MD

DATE REC'D BY LOCAL REG. Aug. 21-1953 | REGISTRAR'S SIGNATURE Laird Hurley | 24. FUNERAL DIRECTOR Lassahn Funeral Home | ADDRESS 7401 Belair Rd. Balto. 6. MD.

Aug. 27-1953 (R)

Dr. S. Wolf
1551 E. North Ave.

RECEIVED
SEP 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 751

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 23 hrs 28 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 00-C1-4
STREET ADDRESS (If rural give location) 2748 Baker Street

3. NAME OF DECEASED: (Type or Print) (First) JOHNIE (Middle) M. (Last) BUTLER
4. DATE OF DEATH: (Month) August (Day) 18 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-10-25
9. AGE last birthday: 28 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS: Hours ... Min. ...
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY: (Copper Co.)
11. BIRTHPLACE (State or foreign country): Columbus, South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Mack Butler
14. MOTHER'S MAIDEN NAME: Lula Tripple
15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

434.3
Immediate cause (a) SCARRING OF INTERVENTRICULAR SEPTUM OF HEART OF — UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO UNKNOWN ETIOLOGY
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 17, 1953, 11:30 PM to Aug. 18, 1953, 10:58 PM, that I last saw the deceased alive on the date stated above, and that death occurred at 10:58 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William E. VanDerbur M.D. VAH, FORT HOWARD, MD. 8-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/25/53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR 8-25-53
REGISTRAR'S SIGNATURE C. H. Reduly M.D.
24. FUNERAL DIRECTOR ADDRESS Arlington S. Phillips Funeral Home 1808 N. Monroe St., Balto., Md.

VS. 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 377 Hillen Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 377 Hillen Road

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) C. (Last) Butler

4. DATE OF DEATH (Month) Aug. (Day) 21, (Year) 1953 19

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Sept. 5, 1863
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME ? Tolton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS M's Margaret Mosely 377 Hillen Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421 X Immediate cause (a) Acute Myocarditis
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Asthma
(c) Arterio Sclerosis.

INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Aug 21, 1953, that I last saw the deceased alive on Aug 20, 1953, and that death occurred at 1 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis A. Johnson MD. ADDRESS 301-E-22nd C. Balto 18 Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-24-53
NAME OF CEMETERY OR CREMATORY New Cathedral Cem
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. August 22, 1953
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR M. Francis A. Hensley ADDRESS Biddle St. 578

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4/0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyde

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Long Green

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyde

STREET ADDRESS (If rural give location): Long Green

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Mary C. (Last) Cain

4. DATE OF DEATH: (Month) August (Day) 9 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	married	Dec. 15, 1897	55 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
at home		Upper Cross Road, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph P. Dalton	Margaret F. Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Hyde Mr. Francis D. Cain, Long Green, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Coronary Occlusion	12 minutes
DUE TO (b)	Cardiac Disease	4 yrs
DUE TO (c)		

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐	Not While At Work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from Nov ..., 19 49, to Aug 5 ..., 1953, that I last saw the deceased alive on Aug 9 ..., 1953, and that death occurred at 10:10 P, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter M Emmett		Baldwin Md	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 13, 1953	St. John's Cemetery	Long Green, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
8-11-53	W M Emmett	Leonard J. Ruck	5305 Harford Road #1

VS. A15

Dr. W. M. Hammett
Baldwin
Maryland

RECEIVED
AUG 18 1913
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 67 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 4621 Old Frederick Road

3. NAME OF DECEASED: (Type or Print) (First) LAWRENCE (Middle) HENRY (Last) CALLAHAN

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-14-09

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Maintenance

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John H. Callahan

14. MOTHER'S MAIDEN NAME: Elizabeth (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 215-09-7532

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF RIGHT LUNG — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

Interval Between Onset And Death: 6 MONTHS

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from June 22, 1953, to August 28, 1953, and that death occurred at 7:58 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 8-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/31/53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR: Aug 31-53 — REGISTRAR'S SIGNATURE: Dawson L. Harbor

24. FUNERAL DIRECTOR — ADDRESS: MacNabb & Son Funeral Home, Frederick & Wade Avenues, Catonsville, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 16 hrs 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 3710 Overview Road

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) S. (Last) CASCIO

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-26-90

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Handyman

10b. KIND OF BUSINESS OR INDUSTRY: Gas & Electric Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Cascio

14. MOTHER'S MAIDEN NAME: Josephine (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) ARTERIOSCLEROSIS RIGHT CORONARY ARTERY WITH

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) OCCLUSION; OLD INFARCT VENTRICLE, LEFT

DUE TO

(c)

Interval Between Onset And Death: DURATION UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5:00 PM 8-14-53 19..... to 9:40 AM 8-15-53 19....., and that death occurred at 9:40 A.M. ..., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 8-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-22-53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8/17/53

REGISTRAR'S SIGNATURE: J. W. Hedrick JT

24. FUNERAL DIRECTOR: Howard Blight Funeral Home, 6009 Harford Rd. Baltimore, Md.

Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) Old Frederick Road

3. NAME OF DECEASED: (Type or Print) (First) VICTORIA (Middle) CLOUD (Last)

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 18, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-18-1880

9. AGE last birthday: 72 yrs. If UNDER 1 YEAR: Months, Days. If UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Tenn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Houston Wolfe

14. MOTHER'S MAIDEN NAME: Arlena Stapleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Milton Moore, Catonsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease — Interval Between Onset And Death: 2 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1951, to 8-18, 1953, that I last saw the deceased alive on 8-17, 1953, and that death occurred at 9.55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Burgtorf M.D. — ADDRESS Ellicott City — DATE SIGNED 8-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 21 1953 — NAME OF CEMETERY OR CREMATORY Good Shepherd — LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR 8/20/53 — REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR ADDRESS F.C. Higinbothom, Ellicott City, Md.

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AUG
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 Woodvale Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Georgiana (Middle) Cloutier (Last)
4. DATE OF DEATH (Month) (Day) (Year) 19 8-26-53

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 9-7-85
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Cloutier
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Albert Cloutier- same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422 / Immediate cause	(a)	Cardiac decompensation	9 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerotic cardiovascular	
(210X)	(c)	disease	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to Aug 26, 1953, that I last saw the deceased alive on Aug 12, 1953, and that death occurred at 9 25A m., from the causes and on the date stated above.

SIGNATURE Joseph Gerch MD (Degree or title) ADDRESS 423 Eastern Ave Baltimore 21 Md DATE SIGNED 8/26/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-29-53
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/27/53
REGISTRAR'S SIGNATURE A. W. Hedrich M.H.
24. FUNERAL DIRECTOR Lilly & Zeiler, Inc. ADDRESS 403 S. Wolfe Street

VS-415

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2020 Oakland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) 2020. Oakland Ave Balto 20.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) F (Last) Cohee
4. DATE OF DEATH (Month) Aug (Day) 4 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov 30-1892
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Post office
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt Employee
11. BIRTHPLACE (State or foreign country) Cecil. Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stephen A. Cohee
14. MOTHER'S MAIDEN NAME Anna Meekins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs James F. Cohee 2020. Oakland Ave Balto 20

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
357X	Immediate cause	(a) Heart Failure	2 days
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	6 mos.
		(c) Spinal Paralysis (Sclerosis)	7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-2, 1952, to 8-4, 1953, that I last saw the deceased alive on 8-4, 1953, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE Maxwell H Mund (Degree or title) M.D. ADDRESS Essex 21 Md DATE SIGNED 8-5-53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/6/53
NAME OF CEMETERY OR CREMATORY Parkwood Cem
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. AUG 5 REC'D
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Lassahn Funeral Home 7401. Belair Rd ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Wilson
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 31
STREET ADDRESS (If rural, give location) 9 South Chapel Street

3. NAME OF DECEASED (Type or Print): (First) Harley (Middle) George (Last) Collins

4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/29/05

9. AGE last birthday: 48 yrs. If under 1 year: Months 6 Days 30 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thomas Collins

14. MOTHER'S MAIDEN NAME: Mary Ellen Hastings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-09-4428

17. INFORMANT AND ADDRESS: Harley George Collins, 9 S.Chapel St. Baltimore 31

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 X

Immediate cause (a) Pulmonary Tuberculosis; Far Advanced — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24, 19 53, to 8/28/, 19 53, that I last saw the deceased alive on 8/28, 1953, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE? William Newcomer (Degree or title) M.D. Supt. ADDRESS Mt. Wilson, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/31/53 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/28/53 — REGISTRAR'S SIGNATURE Helen M. Kerr

24. FUNERAL DIRECTOR: Leonard J. Ruch — ADDRESS: 5305 Harford Rd.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Arbutus
LENGTH OF STAY (in this place): 6 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1228 Leeds Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Arbutus
STREET ADDRESS (If rural give location): 1228 Leeds Terrace

3. NAME OF DECEASED: (Type or Print) (First) Etta (Middle) W. (Last) Corkran

4. DATE OF DEATH: (Month) Aug. (Day) 19, (Year) 19 53.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Feb. 6, 1885	68 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	--	Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Clarence Wescott	Mary E. Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Roland S. Corkran 1228 Leeds Terrace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
170 X Immediate cause	(a) Acute Cardiac failure	
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Cancer breast Carcinoma	?
DUE TO		
	(c) (General Metastases)	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 10 yrs ago one Breast removed for Cancer

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 2 19 53 to Aug 19, 1953, that I last saw the deceased alive on Aug 18 19 53 and that death occurred at 8 am, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo. W. Kieffer	M.D.	470 Washington Blvd Balto	Aug 20 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-22-1953	Loudon Park	Baltimore,	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/20/53	A W Hedrick	G. Howard Strong	3207 W. North Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS # 15 Bank Head Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Balto COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) # 15 Bank Head Rd

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) FRANKLIN (Last) DAVIS

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 19[illegible]3

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 10 - 1891

9. AGE last birthday: 62 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Policeman

10b. KIND OF BUSINESS OR INDUSTRY: Balto. city

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Davis

14. MOTHER'S MAIDEN NAME: Mary Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: W. J. Davis (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary (Coronary)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] July 16-1953

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | July-11-1953 | Sacred Heart Cem. | Balto Md

DATE RECD BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

8/10/53 | A. J. Hedrick | John F. Connelly | Essex Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ..

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: 7606 Poplar Ave.
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: 7606 Poplar Ave.
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
STREET ADDRESS (If rural give location) 7606 Poplar Ave.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) A, (Last) Delamater

4. DATE OF DEATH: (Month) Aug. (Day) 8/53 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 9, 1903

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Heat Conservator

10b. KIND OF BUSINESS OR INDUSTRY: Beth Steel Corp

11. BIRTHPLACE (State or foreign country): N.Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Allen Dalamater

14. MOTHER'S MAIDEN NAME: Helena Breithaupt

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) --
(If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: 213-07-6979

17. INFORMANT & ADDRESS: Mrs. Henrietta Dalamater, 7606 Poplar Ave. 24

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO Epithelioma; Rectum c

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO Carcinoma Metastasis

(c)

Interval Between Onset And Death: 6 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 4, 19 53

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ..m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 3, 19 53, to Aug. 8, 19 53, that I last saw the deceased alive on Aug. 6, 19 53, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 8/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 11/53

NAME OF CEMETERY OR CREMATORY: Parkwood Cem

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REGISTRAR: 8-11-53

REGISTRAR'S SIGNATURE: A. W. Redrich M.D.

24. FUNERAL DIRECTOR: Philip Dewey Sons

ADDRESS: 2024 Orleans St. 31

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3045 Edgewood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 425 E. Chase St

3. NAME OF DECEASED (Type or Print) (First) James (Middle) J (Last) Dempsey
4. DATE OF DEATH (Month) Aug (Day) 25 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 8 1898
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glacier
10b. KIND OF BUSINESS OR INDUSTRY Plate Glass
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James J. Dempsey
14. MOTHER'S MAIDEN NAME Elizabeth Dempsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Miss Nellie Dempsey 425 E. Chase St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart disease, vascular, coronary occlusion	5 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	unknown
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson (Degree or title) M.D., D.M.E. ADDRESS Towson Md DATE SIGNED 8/26/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 29/53
NAME OF CEMETERY OR CREMATORY Cathedral
LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REG. 8/27/53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Rita Wiedefeld ADDRESS 900 E. Biddle St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 16 00-01-4
STREET ADDRESS (If rural give location) 900 Dukeland St.

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) Jane (Last) Devilbiss

4. DATE OF DEATH: (Month) Aug. (Day) 26, (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-18-74?
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records and family

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) Coronary thrombosis	5 min
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	years
	DUE TO (c) Arteriosclerotic heart disease	years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 24, 1953, to Aug 26, 1953, that I last saw the deceased alive on Aug 26, 1953, and that death occurred at 6 10 PM, from the causes and on the date stated above.

SIGNATURE John P. Risley MD (Degree or title) Spring Grove State Hosp. ADDRESS Catonsville 28 Md DATE SIGNED Aug 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-29-1953
NAME OF CEMETERY OR CREMATORY Pleasant Grove
LOCATION (City, town, or county) Carroll Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/27/53
REGISTRAR'S SIGNATURE V. E. Harvey
24. FUNERAL DIRECTOR C. M. Waltz ADDRESS Winfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 516 Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural give location): 516 Edmondson Ave.

3 NAME OF DECEASED (Type or Print): (First) OLLIE (Middle) MARION (Last) DILLEY

4 DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: Dec. 18, 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Seamstress Rtd,

10b. KIND OF BUSINESS OR INDUSTRY: - unknown

11 BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Cameron

14. MOTHER'S MAIDEN NAME: Elizabeth Hickle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ---

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: 6654 Mrs. Bessie Schillinberg-Colonial Town P.O. Orlando, Fla.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X Immediate cause (a) Cerebro Vascular Accident DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension Essential DUE TO

(c)

Interval Between Onset And Death: 2 days

M. D. Brunson

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 22, 1953 to Aug 26, 1953, that I last saw the deceased alive on Aug 26, 1953, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE: James Moran (Degree or title) MD ADDRESS: 6014 Edmondson Ave Catonsville Md DATE SIGNED: 8/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 8/28/53 NAME OF CEMETERY OR CREMATORY: Rose Hill Cem. LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: 8-27-53 REGISTRAR'S SIGNATURE: A.W.Hedrich dmr.

24. FUNERAL DIRECTOR: Wm. J. Lickner & Sons ADDRESS: Balto. 17, Md.

Film 9315 - 8/27/53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place): 74 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8913 Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural give location): 8913 Harford Road

3. NAME OF DECEASED: (Type or Print) (First) Mary H. A. (Middle) (Last) Ditman

4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 23, 1879

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Fred August Ekas

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331K

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — 10 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3, 1953, to Aug 3, 1953, that I last saw the deceased alive on Aug 3, 1953, and that death occurred at 9 PM, from the causes and on the date stated above.

SIGNATURE: Harold H Burns — (Degree or title) MD — ADDRESS: 8106 Harford Rd — DATE SIGNED: Aug 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/7/'53 — NAME OF CEMETERY OR CREMATORY: Deer Park Cemetery — LOCATION (City, town, or County) (State): Smallwood, Md.

DATE REC'D BY LOCAL REGISTRAR: 8/5/53 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: 5305 Harford Road

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 7 — LENGTH OF STAY (in this place) 1 YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7900 LIBERTY ROAD - 7

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 12 - MD
STREET ADDRESS (If rural give location) 504 EVESHAM RD

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) CRISTOPHER (Last) DORFLER
4. DATE OF DEATH: (Month) AUG. (Day) 26 (Year) 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: SEPT. 17 - 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: Bldg.
11. BIRTHPLACE (State or foreign country): ANNE ARUNDEL Co. - MD.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: JOHN DORFLER
14. MOTHER'S MAIDEN NAME: ROSE ~~SCHMIDT~~ STONE.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No. 217-01-9444
17. INFORMANT & ADDRESS: SON MR. HARRY DORFLER - 504 EVESHAM RD. BALTO. 12 - MD

18. MEDICAL CERTIFICATION.

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) CEREBRAL VASCULAR ACCIDENT — Interval Between Onset And Death 3 DAYS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) HYPERTENSIVE C.V. DISEASE c̄

DUE TO (c) SEVERE GENERALIZED ARTERIOSCLEROSIS 6 YEARS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: X
19b. MAJOR FINDINGS OF OPERATION X
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE X (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X (CITY OR TOWN) X (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. X
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from AUG -, 1952, to AUG 26, 1953, that I last saw the deceased alive on AUG 26, 1953, and that death occurred at 1:25 PM, from the causes and on the date stated above.

SIGNATURE Thomas E. Wheeler MD (Degree or title) ADDRESS Randallstown Md. DATE SIGNED Aug 26 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 29th 53
NAME OF CEMETERY OR CREMATORY Providence
LOCATION (City, town, or county) Providence Balto 2 (State) Md.
DATE REC'D BY LOCAL REGISTRAR 8/30/53
REGISTRAR'S SIGNATURE Wm. E. Martin
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 152 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore

STREET ADDRESS (If rural give location): 613 Register Avenue

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) G. (Last) DORSEY

4. DATE OF DEATH: (Month) August (Day) 1, (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	10/19/97	55 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Electrical Loader		Baltimore, Md.	U.S.A.

13. FATHER'S NAME: Lloyd Dorsey

14. MOTHER'S MAIDEN NAME: Mary A. Canter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	WW I	212-07-2304 ~~Unknown~~	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) CARCINOMA OF LARYNX — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) — DUE TO

(c)

Interval Between Onset And Death: Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3/30/53 - Tracheostomy; 3/4/53 Laryngoscopy & Esophagoscopy		Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 2, 1953, to Aug. 1, 1953 [illegible] and that death occurred at 5:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
WILLIAM B. VANDERGRIFT, M.D.	VAH, Fort Howard, Maryland	8/1/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-4-1953	Loudon Park Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Jenkins Funeral Home, 4905 York Road, Baltimore, Md.

Items 7, 8, 9, 11, 13, 14, 15, 1 , 23: Film C157 9-1-53 I

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS New York Highway-Cockeysville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn; STREET ADDRESS (If rural, give location) 8008 54th Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ED		DUNSTON	August	27	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
~~Male~~	Colored		2-29-16	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		NC	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES [illegible]STON	IRENE A.G.[illegible]S

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	2[illegible] 1[illegible] 3982	HAROLD D. DUNSTON 8008 54th ave. Lake[illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

824X

Immediate cause (a) Fractures of skull, ribs, vertebrae and pelvis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemoperitoneum

(c) Subarachnoid hemorrhage

(d) Cerebral edema

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway	(CITY OR TOWN) N.Y.Highway-Cockeysville	(COUNTY) Balto.	(STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 27th 2:55 P.m.	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR? Driving construction truck tire blew out, thrown from truck		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph A. Jachimczyk		Ass't.Med.Exam.-700 Fleet St.-Balto.2,Md.	8/28/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremated	Aug. 28-1953	Raleigh NC	NC	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-28-53	A.W. Hedrick M.D.	Ambrose B Boyd	1238-20th St NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
LENGTH OF STAY (in this place): 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Birch (Last) Duvall

4. DATE OF DEATH: (Month) Aug. (Day) 4, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 25, 1868

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired clerk in coal yard

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles S Duvall

14. MOTHER'S MAIDEN NAME: Mollie Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Jessie Dew, Glyndon, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Myocarditis - Chronic Decompensated

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension & Arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Tri facial neuralgia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1- 1953, to 8-4- 1953, that I last saw the deceased alive on 8-3-53 1953, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): James L Saffell M.D. — ADDRESS: Reisterstown Md — DATE SIGNED: 8-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 6, 1953 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR: 8-5-53 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR — ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

VS A15

RECEIVED
AUG 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Catonsville — LENGTH OF STAY (in this place): 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Va. — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Richmond
STREET ADDRESS (If rural give location): Unknown

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Walter (Last) Edwards

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (2)

8. DATE OF BIRTH: 9/26/1884

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Brass Finisher

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Edwards

14. MOTHER'S MAIDEN NAME: Emma Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs F.L. Harris 409½ S Laurel St Richmond Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death:

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Myocardial disease — 2 months

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to Aug 15, 1953, that I last saw the deceased alive on Aug 15, 1953, and that death occurred at 4:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Arthur M Hanson M.D. Spring Grove State Hosp 8/15/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 8/18/53 — NAME OF CEMETERY OR CREMATORY: Hollywood Cem. — LOCATION (City, town, or county) (State): Richmond, Va.

DATE REC'D BY LOCAL REGISTRAR: 8/17/53 — REGISTRAR'S SIGNATURE: A. W. Hedrick — **24.** FUNERAL DIRECTOR: Wm. J. Dickener & Sons — ADDRESS: Balto. 17, Md.

JT

VS. 15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3 1

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WOODLAWN
LENGTH OF STAY (in this place) 30 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2008 GWYNN OAK AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2008 GWYNN OAK AVE
STREET ADDRESS (If rural give location) WOODLAWN - 7 - MD

3. NAME OF DECEASED: (Type or Print) (First) CHRISTINA (Middle) MATTHEISZ (Last) EICHERT

4. DATE OF DEATH: (Month) AUG. (Day) 12 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: JULY 12-1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 7 Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): BALTO. CITY - MD

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JOHN HENRY MATTHEISZ

14. MOTHER'S MAIDEN NAME: KATHERINE BENDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: NO

17. INFORMANT & ADDRESS: MRS HILDEGARDE RICH 2008 GWYNN OAK AVE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO CARCINOMA - PANCREAS - C

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO METASTASIS TO LUNGS,

(c) LIVER - ETC

Interval Between Onset And Death 6 MONTHS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL, 1953, to AUG 12, 1953, that I last saw the deceased alive on AUG 12 1953, and that death occurred at 11:05 AM from the causes and on the date stated above.

SIGNATURE Thomas E. Wells (Degree or title) MD ADDRESS Randallstown Md. DATE SIGNED 8-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 8/15/53 NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery LOCATION (City, town, or county) (State) Woodlawn Md

DATE REC'D BY LOCAL REGISTRAR 8/13/53 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR GEO. H. LEIMBACH ADDRESS N. LYNHURST ST

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

W.C

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) None
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritman Lane, Md 2 Shore Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 2 SHORE ROAD

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) GODFREY (Last) EVERETT
4. DATE OF DEATH (Month) 8 (Day) 16 (Year) 53

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 9-3-03
9. AGE last birthday 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pyle Driver
10b. KIND OF BUSINESS OR INDUSTRY Raymond Con. Pyle
11. BIRTHPLACE (State or foreign country) Balto.
12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME Nicholas Everd Everett
14. MOTHER'S MAIDEN NAME Margaret Zebeklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mary E. Everd - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.8 Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Lynch Cove
(CITY OR TOWN) Dundalk - 22 (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) 8 (Day) 15 (Year) 53 (Hour) 6.30 p. m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Swam across Creek + did not return

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M B Davis MD (Degree or title) Dep. Med. Exam. ADDRESS Dundalk - 22 Md DATE SIGNED 8/16/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-20-53
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 8/18/53
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Lilly & Zeilen Ch - 403 S. Wolfe St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VeteransAdministration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 868 W. Baltimore Street

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) J. (Last) FLANNERY

4. DATE OF DEATH: (Month) August (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-28-85

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Peddler

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kingston, N. Y.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Michael Flannery

14. MOTHER'S MAIDEN NAME: Margaret Kerman

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

Immediate cause (a) CARCINOMA OF LIVER — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 14, 1953, to Aug. 25, 1953, ~~that I last saw the deceased~~ and that death occurred at 5:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

WILLIAM B. VANDEGRIFT, M. D. VAH, FORT HOWARD, MD. 8-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-27-53 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-26-53 | REGISTRAR'S SIGNATURE A.W.Hedrich dmr. | 24. FUNERAL DIRECTOR ADDRESS Frank H. Newell Funeral Home, Pikesville, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kingston Rd

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. (c)-(1)
STREET ADDRESS (If rural, give location) 118 S. Clinton St.

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) W. (Last) FLECKENSTEIN
4. DATE OF DEATH: (Month) August (Day) 14 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Strike out): Widowed
8. DATE OF BIRTH: 3/9/1880
9. AGE last birthday: 73 yrs. If under 1 year: Months 5 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Fleckenstein
14. MOTHER'S MAIDEN NAME: Elizabeth F. Schneker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-05-0411
17. INFORMANT AND ADDRESS: Katherine M. Tarnum Md Ct.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V. Disease with Uremia — 4 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1953, to Aug. 14, 1953, that I last saw the deceased alive on Aug. 12, 1953, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 8/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/17/53
NAME OF CEMETERY OR CREMATORY: Holy Redeemer
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: August 15 1953
REGISTRAR'S SIGNATURE: R.W
24. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St.

VS-A 5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1414 Shore Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3329 E. Monument St.

3. NAME OF DECEASED: (Type or Print) (First) SOPHIA (Middle) (Last) FOLKER (FUKA)

4. DATE OF DEATH: (Month) Aug. (Day) 31, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept. 21, 1898

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months 11 Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): choc. dipper

10b. KIND OF BUSINESS OR INDUSTRY: Virginia Dare

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Fuka

14. MOTHER'S MAIDEN NAME: Theresa Kroupa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-10-8909

17. INFORMANT & ADDRESS: Mrs. Agnes Vogt, sister, 1115 N. Kenwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
150X Immediate cause	(a) Ventricular fibrillation	Minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Malignancy of heart (metastatic)	? Mos.
	(c) DUE TO CA of Esophagus	6 Mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/30, 1953, to 8/31, 1953, that I last saw the deceased alive on 8/31, 1953, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. Platt, MD. 434 Eastern Ave. Essex, Md 9/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)
Burial — Sept. 4. 1953 — Holy Redeemer Cemetery — Belair Rd., Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR ADDRESS
9/5/53 — W W Hulet — Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville. LENGTH OF STAY (in this place) 22 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Powers Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Powers Ave.

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) Lilie (Last) Foote
4. DATE OF DEATH (Month) Aug (Day) 15 (Year) 1953
5. SEX F
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH 1890
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Domestic.
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Charlie Johnson.
14. MOTHER'S MAIDEN NAME Sophia Anna Mitchell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Eugene Foote

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 3 days

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension c̄ HCVD.

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aortic insufficiency

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Aug., 1953, to 15 Aug., 1953, that I last saw the deceased alive on 14 Aug., 1953, and that death occurred at 4:15 A.m., from the causes and on the date stated above.

SIGNATURE Thomas A.E. Moseley Jr. (Degree or title) M.D. ADDRESS 212 Homewood Ter. Balto. #18 DATE SIGNED 15 Aug 1953

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 8-19-53 NAME OF CEMETERY OR CREMATORY Basil Chapel LOCATION (City, town, or county) Balto Md. (State)

DATE REC'D BY LOCAL REG. 8/17/53 REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Mrs Frances A Hemsley ADDRESS 578 W Biddle St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [redacted] specially important. Physicians: please write the causes of death clearly and legibly.

VS. A14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28, LENGTH OF STAY (in this place) 3 mo, 16 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 212 East 22nd. Street

3. NAME OF DECEASED: (Type or Print) (First) JENNIE (Middle) MAE (Last) FOX
4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Feb. 11, 1889.
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Groce
14. MOTHER'S MAIDEN NAME: Agnes Rake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — — —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Florence M. Chambers, 212 E. 22nd St. Balto. 18, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 170 X Carcinoma Breast Left
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) with Extensive Metastases
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1940
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Breast Left - Mastectomy
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to 9 Aug, 1953, that I last saw the deceased alive on 2 Aug, 1953, and that death occurred at 4:45 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. E. Pratt M.D. 1707 Edmondson Ave. Baltimore Md 9 Aug 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATH THEREOF 8/11/53.
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town or county) (State) Danville, Pa.
Removal for
DATE REC'D BY LOCAL REGISTRAR 8/9/53
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR R. L. Davis & Sons ADDRESS Northumberland, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11
BUREAU

Item #9 - Film G 57-9-3-13 mnh

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCKVILLE X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7919 LIBERTY HGTS.ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCKVILLE X
STREET ADDRESS (If rural give location) 7919 LIBERTY HGTS. ROAD

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) FULKOSKI - (Last) (FULKOSKI)

4. DATE OF DEATH: (Month) Aug. (Day) 26, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan:22: 1890
9. AGE last birthday: ~~62~~ 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, if retired: SUPT:SEWAGE DEPT
10b. KIND OF BUSINESS OR INDUSTRY: BALTO:CITY
11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August F. FULKOSKI
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) --------
16. SOCIAL SECURITY No.: ----
17. INFORMANT & ADDRESS: George W Fulkoski.....Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Occlusion — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vascular disease — 5 years
DUE TO (c) Generalized Arteriosclerosis - & Congestive Heart Failure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X

19a. DATE OF OPERATION: X
19b. MAJOR FINDINGS OF OPERATION X
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1953, to Aug. 26, 1953, that I last saw the deceased alive on Aug 26, 1953, and that death occurred at 10:30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas E. White, M.D. ADDRESS Randall & Son DATE SIGNED Aug 8 - 53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF AUG:29:53
NAME OF CEMETERY OR CREMATORY WESTERN CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE* MARYLAND

DATE REC'D BY LOCAL REGISTRAR August 29th 1953
REGISTRAR'S SIGNATURE R.W
24. FUNERAL DIRECTOR F.B. Wippert & Son ADDRESS

F.B.WIPPERT & SON 1300 EUTAW PL.17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 18 Film G157 9-10-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3460 Yorkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 3460 Yorkway

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PATSY	E.	GALLAGHER	August	25	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	SINGLE	NOV. 12, 1946	6 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
STUDENT		Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN A. GALLAGHER	MARGARET M. OPPELT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NO	NONE	JOHN A. GALLAGHER - SAME

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
080.0 Immediate cause (a) Acute bulbar poliomyelitis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X] accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph A. Jachimczyk Jr.	Ass't. Med. Examiner	700 Fleet St. - Balto. Md.	8/26/53

23. BURIAL / CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	8-29-53	SACRED HEART	BALTO. CO. MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 27-1953	William M. Kelly	Leitch Bros.	Bradley, Dundalk, Md.

VS. A15A

RECEIVED
AUG 31 1973
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY 5743 Edmondson Ave MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md.
STREET ADDRESS (If rural, give location) 1645 Patterson Pk. Ave.

3. NAME OF DECEASED (Type or Print) (First) Leonard (Middle) T Gentry (Last) Sr.
4. DATE OF DEATH (Month) Aug. (Day) 24 (Year) 1953 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov. 12, 1867
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator
10b. KIND OF BUSINESS OR INDUSTRY Western Union
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hayden Gentry
14. MOTHER'S MAIDEN NAME Mary McElroy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs N. Richards 1645 Patterson Pk ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
3[illegible] X	Immediate cause	(a) Cerebral Tr[illegible]osis	22 days
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease & Congestive Failure Bronchopneumonia — [illegible] month

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/28, 1953, to 8/24, 1953, that I last saw the deceased alive on 8/12, 1953, and that death occurred at 11.45 P m., from the causes and on the date stated above.

SIGNATURE Perry Futterman (Degree or title) MD ADDRESS 29 Read St. Baltimore Md. DATE SIGNED 8/27/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 28 1953
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Edmondson Ave

DATE REC'D BY LOCAL REG. 8/27/53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Leo G. Cook 1701-03 N Patterson Park ave ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 49

1. PLACE OF DEATH:
COUNTY Baltimore 19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7333 Walman Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE As COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN m
STREET ADDRESS (If rural, give location) # 1.

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Anna (Last) Gephardt
4. DATE OF DEATH: (Month) Aug. (Day) 8. (Year) 1953.

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct 2, 1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): westminster - md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Perry Tagg.
14. MOTHER'S MAIDEN NAME: (first unknown) Marley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Sarah Bramble (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Myocardial Failure. — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) (b) Hypertensive Cardio Vascular disease — 8 years.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1945, to July 22, 1953, that I last saw the deceased alive on July 22, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE Louis N. Tollin M.D. (DEGREE OR TITLE) ADDRESS 6908 N. P+ Rd Balto 19 - Md DATE SIGNED Aug 8. 1953

23. BURIAL, CREMATION REMOVAL (Specify): [illegible]
DATE THEREOF Aug 12/53
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 1/11/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Ulrich F Horne 2112 Dundalk ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River — LENGTH OF STAY (In this place): 20
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Martin Hgs & Pulaski Hgy

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex — 21
STREET ADDRESS (If rural, give location): 330 E. Riverside Ave.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) ALFRED (Last) GERICKE

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May. 17. 1913

9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Worker

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Alexander Gericke

14. MOTHER'S MAIDEN NAME: Elizabeth Birgel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Rose Mary Gericke (Wife)

18. MEDICAL CERTIFICATION — 330 E. Riverside Ave. Essex 21

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812X **Immediate cause** (a) Fractured Skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Compound fractures both legs at ankle

(c) Fracture Rt Humerus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Public Hgy — (CITY OR TOWN): Middle River — (COUNTY): Balto Co — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 1 - 53. 5 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Struck by Automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: M D Davis — (Degree or title): M D — ADDRESS: Dep. Med. Exam. - Dundalk, Md — DATE SIGNED: Aug 1-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 4. 53 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: HENRY SANDER & SONS. INC. Baltimore Md. Henry F. Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. NAME OF DECEASED (Type or Print): MARIE A. GOETZ

2. DATE OF DEATH: Aug. 27, 1953

3. PLACE OF DEATH: A Baltimore ~~City~~, Maryland Balto. Co.

B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1214 Maiden Choice Lane

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 03-52-1

D. STREET ADDRESS (If rural, give location): 1214 Maiden Choice Lane

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 9, 1893

9. AGE (In years last birthday): 60 — If under 1 Year: Months, Days — If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Nagengast

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Charles Nordhoff — ADDRESS: 3706 Clifton Ave.

18. 350X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Paralysis Agitans — INTERVAL BETWEEN ONSET AND DEATH: 1937

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

22. *I hereby certify that I attended the deceased from* Sept 1937 *to* Aug 27, 1953, *that I last saw the deceased alive on* Aug 27, 1953 *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. B. Parson M. D.

23B. ADDRESS: 1711 Selma Ave. 27

23C. DATE SIGNED: 8-28-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8/31/53

24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.

24D. LOCATION (City, town, or county) (State): Taylor Ave., Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: AUG 28 1953

REGISTRAR'S SIGNATURE: Victor E. Harry

25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons — ADDRESS: Balto, 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PITH UNFADING INK. Every item of information should be carefully supplied. correct age is especial. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere — LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2902 Wells Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
STREET ADDRESS (If rural give location) 2902 Wells Ave

3. NAME OF DECEASED (Type or Print): First Nancy — (Middle) M — (Last) Grammer

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1953

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married — 8. DATE OF BIRTH: April 5-1912 — 9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: own Home — 11. BIRTHPLACE (State or foreign country): Va — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Clinedinst — 14. MOTHER'S MAIDEN NAME: Maude McLeod

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT: Mr. Milton A Grammer 2902 Wells Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X Immediate cause (a) Pulmonary Cancer Metastatic — 3 [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma, breast — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Aug., 1953, to 17 Aug., 1953, that I last saw the deceased alive on 17 Aug., 1953, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

W H Morrison — M.D. — 3 Kinship Rd Dundalk 22 — 19 Aug 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/20/53 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 8-19-53 — REGISTRAR'S SIGNATURE: C. W. Hedrick M.D. — 24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Make correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 29 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Hanover Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) 115 Hanover Road

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) Edwin (Last) Grimes

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 17, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 11, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired supt. Gas &

10b. KIND OF BUSINESS OR INDUSTRY: Electric Co.

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis A. Grimes

14. MOTHER'S MAIDEN NAME: Minerva Marsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: 212-05-6526

17. INFORMANT & ADDRESS: Mary E. Grimes, Reisterstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral-Vascular accident — Interval Between Onset And Death: 4 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Bronchial asthma — 10 yrs.

DUE TO

(c) Chr. myocarditis — 1 yr.

DUE TO

Arteriosclerotic C.V. Disease — 1 yr.

422.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): None

TIME OF INJURY (Month) (Day) (Year) (Hour): None

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 5-20, 1953, to 8-17, 1953, that I last saw the deceased alive on 8-17, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE: D. D. Eagles — (Degree or title) M. D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 8-19-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 19, 1953 — NAME OF CEMETERY OR CREMATORY: Pleasant Grove — LOCATION (City, town, or county) (State): Baltimore County, Md.

DATE REC'D BY LOCAL REGISTRAR: 8-19-53 — REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR — ADDRESS: J. F. Eline & Sons, Reisterstown, Md.

RECEIVED
AUG 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 3429 Friendship Rd.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) F. (Last) HAGGERTY
4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		9/19/14	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Driver	Salesman	Phila. Penna	U.S.A.

13. FATHER'S NAME: Patrick Haggerty
14. MOTHER'S MAIDEN NAME: Mary Jane Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	?	Wife-Mary Ann Haggerty, 3429 Friendship Rd., Phila, Penn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825X

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Healed bilateral temporal trephines

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Contractures of extremities

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY road | (CITY OR TOWN) Philadelphia | (COUNTY) | (STATE) Pa.

TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 5, 1952 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Involved in auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Joseph A. Jachimczyk Ass't.Med. Examiner-700 Fleet St.-Balto.Md. 8/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug.31,1953 | NAME OF CEMETERY OR CREMATORY St.Dominic's Cemetery | LOCATION (City, town, or county) Phila, Penna | (State)

DATE REC'D BY LOCAL REG. Aug 27 1953 | REGISTRAR'S SIGNATURE A.W. Hedrich

24. FUNERAL DIRECTOR John A. Moran | ADDRESS 3000 E. Baltimore St. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 49

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard X
LENGTH OF STAY (in this place) 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 609 N. Paca Street

3. NAME OF DECEASED: (Type or Print) (First) DENNIS (Middle) M. (Last) HALL

4. DATE OF DEATH: (Month) August (Day) 8, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/6/92

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Balto, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis

14. MOTHER'S MAIDEN NAME: Elizabeth Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 214-18-1878

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE WITH CEREBRAL

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) THROMBOSIS, LEFT

DUE TO (c)

Interval Between Onset And Death: UNK.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1953, to Aug. 8, 1953 that I last saw [illegible] and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) PERRY STEARNS M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 8-8-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/11/53 — NAME OF CEMETERY OR CREMATORY National Cemetery — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECD BY LOCAL REGISTRAR 8/11/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Arlington Phillips Funeral Home, 1808 N. Monroe St., Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 43

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place) 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4503 Raspe Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO Co. MD X
STREET ADDRESS (If rural, give location) 4503 Raspe Ave

3. NAME OF DECEASED: (Type or Print) (First) JULIA (Middle) D. (Last) HALL

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: July 15, 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Elizabeth N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Julius Moog
14. MOTHER'S MAIDEN NAME: Catherine Moor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Gertrude Burton 4503 Raspe Ave Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332 X

Immediate cause (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hour

DUE TO

Antecedent cause(s) (b) Cerebral arteriosclerosis — 10 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 23, 1944, to Aug 26, 1953, that I last saw the deceased alive on Aug 3, 1953, and that death occurred at 19 A.m., from the causes and on the date stated above.

SIGNATURE Harvey L. Fuller (DEGREE OR TITLE) MD ADDRESS Ridge Rd Baltimore 6 DATE SIGNED Aug 27/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8/29/53
NAME OF CEMETERY OR CREMATORY Evergreen Cem.
LOCATION (City, town, or county) Elizabeth N.J. (State)

DATE REC'D BY LOCAL REC. Aug. 28 53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR LASSAHN Funeral Home ADDRESS 7401 Belair Rd. BALTO. 6. MD

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 22
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove 16

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balt. City
STREET ADDRESS (If rural give location) 448 E Fort. Ave

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Washington (Last) Hamilton
4. DATE OF DEATH: (Month) 8 (Day) 12 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 9.27.74
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired). B&O
10b. KIND OF BUSINESS OR INDUSTRY: R.R. Engineer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Hamilton
14. MOTHER'S MAIDEN NAME: Margaret Keller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331X (a) Cerebral hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death: 6 wks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1953, to Aug. 12, 1953, that I last saw the deceased alive on Aug 12, 1953, and that death occurred at 5.45 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Charles Ward M.D. ADDRESS Spring Grove St. Hosp. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) B
DATE THEREOF 8.13.53
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) (State) Baltimore
DATE REC'D BY LOCAL REGISTRAR 8/13/53
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR James L. McCurry ADDRESS 130 E. Fort Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 Whitfield Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 405 Whitfield Rd.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) W. (Last) Hamilton

4. DATE OF DEATH: (Month) Aug. (Day) 19 (Year) 19 53

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 10, 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Shoe Cutter. Swann Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur Hamilton
14. MOTHER'S MAIDEN NAME: Adelle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Charles A. Hamilton. 405 Whitfield Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a)	Thrombosis Coronary	48 Hrs
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Coronary Sclerosis	Years
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1950, to Aug 19, 1953, that I last saw the deceased alive on Aug 19, 1953, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
E J Mendelis MD 8/20/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug. 22, 1953
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 8/21/53
REGISTRAR'S SIGNATURE W. W. Hedrick
24. FUNERAL DIRECTOR Harry H. Mitzel
ADDRESS 4101 Edmondson Ave.

VT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 [illegible]-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-11-8-51

1. PLACE OF DEATH:
COUNTY Catonsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 6004 Old Frederick Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mae (Middle) Lillie (Last) Harrison

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 9, 1919

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Black Creek, N. C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Spelle

14. MOTHER'S MAIDEN NAME: Martha Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Frank

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	1½ hr
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Mitral Insufficiency	3 months
	DUE TO (c) Hypertensive Cardiac Disease	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/30/, 1953 to 8-7, 1953, that I last saw the deceased alive on 8/9/, 1953, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE C. F. Maloney (DEGREE OR TITLE) M.D. ADDRESS 57 Winterdale Ave Catonsville DATE SIGNED 8/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 8/8/1953 NAME OF CEMETERY OR CREMATORY Woodward LOCATION (City, town, or county) (State) Wilson, North Carolina

DATE REC'D BY LOCAL REG. 8/10/53 REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Mrs Katie R Williams ADDRESS 322 N Pearson St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 300 Allegheny Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson Md
STREET ADDRESS (If rural give location): 300 Allegheny Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Phineas Hartley
4. DATE OF DEATH (Month) (Day) (Year): Aug 30 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 5-1868
9. AGE last birthday: 85 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Meyer Seedstore
11. BIRTHPLACE (State or foreign country): Howard Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Phineas Hartley
14. MOTHER'S MAIDEN NAME: Deborah Contwaithe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted]): No
16. SOCIAL SECURITY No.: 214-20-0744
17. INFORMANT: Mrs Phineas Hartley 300 Allegheny Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155 λ

Immediate cause (a) Intestinal Hemorrhage - massive

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Oesophageal Varices

(c) Carcinoma of Gall Bladder c̄ Liver + intest metastases

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1953 to August 30 1953, that I last saw the deceased alive on August 30, 1953, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE: Charles E. Carr Jr. (Degree or title) — ADDRESS: 6201 York Rd — DATE SIGNED: 9/1/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/1/53 — NAME OF CEMETERY OR CREMATORY: Prospect Hill Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: Sept. 1, 1953 — REGISTRAR'S SIGNATURE: Mabel C. Gray — 24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd

V8-215

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A16

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2723 Alden Road

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
STREET ADDRESS (If rural give location) 2723 Alden Road

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) T. (Last) Haynie
4. DATE OF DEATH: (Month) August (Day) 20 (Year) 19 53

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Feb. 8, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Rohleder
14. MOTHER'S MAIDEN NAME: Mary Lutz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Roswell C. Haynie, 2723 Alden Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Acute myocardial insufficiency

DUE TO with congestive failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) myocardial debilitation

DUE TO (c) arteriosclerosis mod. severe.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 1953, to 8/20, 1953, that I last saw the deceased alive on 8/20, 1953, and that death occurred at 7:30 P.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank T. Kauk, Jr. Md. ADDRESS 9105 Harford Rd. DATE SIGNED Balto 14 Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 24, 1953
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR AUG 21 REC'D
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS Leonard J. Ruck, 5305 Harford Road.

Dr. Kasik
9005 Harford Road

2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 714 Frederick Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 714 Frederick Rd.

3. NAME OF DECEASED: (Type or Print) First Julian (Middle) F. (Last) Headley

4. DATE OF DEATH: (Month) Aug. (Day) 7/53 (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 27, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Retired Caretaker, University of Md.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel A. Headley
14. MOTHER'S MAIDEN NAME: Willie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Laura H. Headley, 714 Frederick Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage, Left — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis, Generalized — ?

DUE TO (c) Diabetes Mellitus — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to 8/7, 1953, that I last saw the deceased alive on 8/6, 1953 and that death occurred at 5:45 AM, from the causes and on the date stated above.

SIGNATURE E. R. Williamson (Degree or title) MD. ADDRESS 3534 Edmondson Ave DATE SIGNED 8/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 10/53
NAME OF CEMETERY OR CREMATORY Beltsville
LOCATION (City, town, or county) Beltsville, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 8-10-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Harry H. Nitzke ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK — LENGTH OF STAY (in this place): 16 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 708 S. 49TH ST.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
STREET ADDRESS (If rural, give location): 708 S. 49TH ST.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) WOMER (Last) HESS

4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 19 53

5. SEX: FEM. — 6. COLOR OR RACE: WHITE — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED — 8. DATE OF BIRTH: 21 MAY, 1884 — 9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): PENNA. — 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: WM. WOMER — 14. MOTHER'S MAIDEN NAME: ANNIE SINGLETON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: NONE — 17. INFORMANT AND ADDRESS: WALTER F. HESS - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Accident — 24 hrs.

445X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Cardio-Vas Disease — 3-4 Yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3 19 53 to 8-3 19 53, that I last saw the deceased alive on 8-3 19 53, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title) MD — ADDRESS: Dundalk-Md — DATE SIGNED: 8/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 8-7-53 — NAME OF CEMETERY OR CREMATORY: ST. MARKS — LOCATION (City, town, or county) (State): LEWISTOWN, PENNA.

DATE REC'D BY LOCAL REG.: Aug 4-1953 — REGISTRAR'S SIGNATURE: William M. Kelly — 24. FUNERAL DIRECTOR: Walter Burke Bradley — ADDRESS: Dundalk, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Fort Howard
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 126 N. Montford Avenue

3. NAME OF DECEASED: (Type or Print) (First) HUGO (Middle) G. (Last) HOFFMAN

4. DATE OF DEATH: (Month) August (Day) 14 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-8-88

9. AGE last birthday: 65 yrs. — If UNDER 1 YEAR: Months / Days — If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Packer

10b. KIND OF BUSINESS OR INDUSTRY: Shoe r Dohme

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis H. Hoffman

14. MOTHER'S MAIDEN NAME: Ernestina Werner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) WW 1

16. SOCIAL SECURITY No.: 163-03-7981

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) CEREBRO-VASCULAR ACCIDENT

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) .....

DUE TO

(c)

Interval Between Onset And Death: 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 5, 1953, to August 14, 1953, ~~the deceased~~ and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE: ALLYN F. JUDD (Degree or title) M.D. ADDRESS: VAH, Fort Howard, Maryland DATE SIGNED: 8-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 18-1953 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR: 8/17/53 — REGISTRAR'S SIGNATURE: a. w Anderson

24. FUNERAL DIRECTOR: John A. Miller, 2334 Jefferson Street, Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 509 Park Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 509 Park Ave.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) EMMETT (Last) HOOD

4. DATE OF DEATH: (Month) Aug. (Day) 23 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 22, 1860

9. AGE last birthday: 93 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Hood

14. MOTHER'S MAIDEN NAME: Margaret O'Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Norval H. McDonald-509 Park Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) BRONCHOPNEUMONIA	1 WEEK
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) MYOCARDIAL INFARCTION	7 MONTHS
	(c) ARTERIOSCLEROTIC HEART DISEASE	YEARS

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 8, 1953, to AUG 23, 1953, that I last saw the deceased alive on AUG 22, 1953, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Donald L. Sowville	M. D.	25 W. Penna Ave, Towson 4 Md	Aug 23, 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	8/25/53	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/24/53	C. H. Hetrick M.R.	Wm. J. Tickner & Son	Balto 17, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cub Hill
LENGTH OF STAY (in this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cub Hill Rd Box 212

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cub Hill
STREET ADDRESS (If rural give location) Rural (Cub Hill Road)

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Maxwell (Last) Hoover

4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Jan 8 - 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Seamstress

11. BIRTHPLACE (State or foreign country): Rover - Howard Co

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Marlow Selby

14. MOTHER'S MAIDEN NAME: Catherine ~~Selby~~ Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-01-3891

17. INFORMANT & ADDRESS: Thelma L. Kempske Parkton Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Generalized Carcinoma DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Sigmoid Carcinoma DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3 3/4 yrs ago

19b. MAJOR FINDINGS OF OPERATION Carcinoma Bowel. — Colostomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18, 1953 to Aug 19, 1953, that I last saw the deceased alive on Aug 18, 1953, and that death occurred at 8:50 a.m. 8/19/53, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank T. Zink Jr. M.D. ADDRESS 9005 Harford Rd DATE SIGNED 8/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 21, 1953 — NAME OF CEMETERY OR CREMATORY Salem-Methodist — LOCATION (City, town, or county) Upper Falls (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug 20-53 — REGISTRAR'S SIGNATURE C. E. Arthur

24. FUNERAL DIRECTOR ADDRESS W. H. Archer

RECEIVED
AUG 31 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45 ~~181~~

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dry Hall Conv. Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yarlington X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Fletcher (Last) Hopkins Sr.

4. DATE OF DEATH (Month) Aug. (Day) 29 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Sept 21-1879
9. AGE last birthday 73 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY General Store
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel W. Hopkins
14. MOTHER'S MAIDEN NAME Lucy M. Hopkins nd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-14-4917
17. INFORMANT AND ADDRESS J. Fletcher Hopkins Jr. Yarlington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
177X	Immediate cause	(a) Metastatic Adeno Carcinoma skull	4 mos
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Primary Carcinoma prostate	4 mos
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1951, to Aug, 1953, that I last saw the deceased alive on Aug 23, 1953, and that death occurred at 1:25 a.m., from the causes and on the date stated above.

SIGNATURE J. Ralph Hurley (Degree or title) M.D. ADDRESS Churchville Md DATE SIGNED Aug 30th

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/1/53
NAME OF CEMETERY OR CREMATORY Yarlington Cemetery
LOCATION (City, town, or county) Yarlington, Maryland (State)

DATE REC'D BY LOCAL REG. Sept. 1-1953
REGISTRAR'S SIGNATURE Hellie K. Ferry Mrs. Edith Hurley
24. FUNERAL DIRECTOR John E. Yarring - ADDRESS Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/ALT

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard X
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 512 Park Avenue

3. NAME OF DECEASED: (First) NOBLE (Middle) O. (Last) HOUSEMAN
4. DATE OF DEATH: (Month) August (Day) 15 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 4-3-95
9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Fire Patrolman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Raysville, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob W. Houseman
14. MOTHER'S MAIDEN NAME: Ellen Keener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ✓ Yes — (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 205-09-1559
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

144 X
Immediate cause (a) CARCINOMA OF MOUTH WITH METASTASES — Interval Between Onset And Death: UNKNOWN
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 4, 1953, to Aug. 15, 19 53, that death occurred at 8:50 A.M., from the causes and on the date stated above.

DAVID C. BENNINGHOFF, M.D. (Degree or title)
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 8-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
DATE THEREOF: AUG.18,1953
NAME OF CEMETERY OR CREMATORY: KUTZES CEMETERY
LOCATION (City, town, or county) (State): CARLISLE, PENNSYLVANIA

DATE REC'D BY LOCAL REGISTRAR: 8/17/53
REGISTRAR'S SIGNATURE: a. W Hedrick JJ
24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: NORTH & PENNA. AVES., BALTO. MD.

VS 415

Item 9, Film G158 - 9/15/53 mnt.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 54
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 54
STREET ADDRESS (If rural give location) 504 S. Marlyn Ave

3. NAME OF DECEASED: (Type or Print) (First) Asa (Middle) Bare (Last) Jones

4. DATE OF DEATH: (Month) Aug (Day) 29 (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May-17-1887
9. AGE last birthday: 1766 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Sheet Metal
10b. KIND OF BUSINESS OR INDUSTRY: Civil Service
11 BIRTHPLACE (State or foreign country). Iowa 12
12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Isaac Jones
14. MOTHER'S MAIDEN NAME: Ely Bare

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 213-16-0166
17. INFORMANT & ADDRESS: Leeanna Jones 504 S. Marlyn Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X
Immediate cause (a) CARCINOMA RECTUM WITH METASTESES
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) TO LIVER & LUNGS.
DUE TO
(c)

Interval Between Onset And Death 18 mo

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1953, to Aug 29, 1953, that I last saw the deceased alive on Aug 27, 1953, and that death occurred at 2 AM, from the causes and on the date stated above.

SIGNATURE Louis Semenoff (Degree or title) MD ADDRESS 1437 Fuselage Ave Balto 20 Md DATE SIGNED 8/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 8-31-53
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) (State) Balto Md.
DATE REC'D BY LOCAL REGISTRAR 8/30/1953
REGISTRAR'S SIGNATURE Edith Hurley
24. FUNERAL DIRECTOR C. L. Bruzdzinski ADDRESS 1407 Eastern Ave Rd. Balto 21 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
SEP 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. County 308 Ingleside Ave MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. 308 Ingleside Ave.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonville Md.
STREET ADDRESS (If rural, give location) 308 Ingleside Ave.

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) L. (Last) Jones.

4. DATE OF DEATH (Month) 8 (Day) 10 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 10-19-1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. H. Gardner.
14. MOTHER'S MAIDEN NAME Catherine Irvin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Helen Reinhardt 308 Ingleside Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	1 [illegible]
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	15 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4, 1942, to 8-10, 1953, that I last saw the deceased alive on 8-10, 1953, and that death occurred at 9.30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] M.D. ADDRESS Catonville 28, Md. DATE SIGNED 8/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF Aug. 11-1953
NAME OF CEMETERY OR CREMATORY Gordon Park Cem.
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 8/10/53
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Dill Bros. Fredk. Ave. ADDRESS 3109

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore, Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 8225 Long Point Road

3. NAME OF DECEASED (Type or Print) (First) ROLLIN (Middle) HUFF (Last) JONES
4. DATE OF DEATH (Month) Aug. (Day) 17, (Year) 1953
5. SEX MALE ~~white~~
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Nov. 22, 1909
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Auto Repair Ser.
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Jones
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 1936-1935
16. SOCIAL SECURITY NO. 215-16-6771
17. INFORMANT AND ADDRESS Mrs. Alice Virginia Jones 8225 Long Point Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — 7 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1950, to 17 Aug., 1953, that I last saw the deceased alive on 10 Aug., 1953, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE H. Morrison (Degree or title) M.D. ADDRESS Dundalk 22, Md. DATE SIGNED 18 Aug '53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/21/53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) Balto. Md (State)
DATE REC'D BY LOCAL REG. 8/20/53
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR H. Sander & Sons ADDRESS 1649 E North Ave
Eug. F. Sander

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard X
LENGTH OF STAY (in this place) 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1207 Poplar Grove Street

3. NAME OF DECEASED: (Type or Print) (First) ERNEST (Middle) N. (Last) JUDGE

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-19-15
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Meat Market
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Judge
14. MOTHER'S MAIDEN NAME: Lula Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: 219-03-5604
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

019.2

Immediate cause (a) GENERALIZED MILIARY TUBERCULOSIS — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1953, to Aug. 30, 1953, [illegible] and that death occurred at 10:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M. D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 8-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/3/53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 9/1/53
REGISTRAR'S SIGNATURE A W Helmick
24. FUNERAL DIRECTOR ADDRESS Arlington S. Phillips Funeral Home 1808 N. Monroe Street, Baltimore, Md.

✓ JT

MS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY of Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Towson — LENGTH OF STAY (in this place): 4 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 2410 Cooper Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Margaret	Frances	Kasper	Aug	31	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	white	Married	Nov. 11, 1922	30 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Charleston, S.C.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Mack McBain	Sadie Tracy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Personal History — Hospital Records - Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	4 yrs
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 8/21, 1953, to 8/31, 1953, that I last saw the deceased alive on 8/31, 1953, and that death occurred at 12 00 Noon from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Milton B Kress, M. D. — ADDRESS M. D. - Eudowood Sanatorium-Towson, 4, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 3/53	Oaklawn	Eastern Ave. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/2/53	A. W. Francis	CHAS. W. KACHOUSKAS	703 McHENRY ST.

VS. AN 51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the cause of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | MARYLAND LENGTH OF STAY (In this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex STREET ADDRESS (If rural, give location) 511 Riverside Dr. Balto 21 Md.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Curtis	Wesley	Kearney		Aug	4	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Dec. 24-1901	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Packer	Steel Bethl	N. C.	

13. FATHER'S NAME Robert N. Kearney

14. MOTHER'S MAIDEN NAME Dora E. Holden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 241-20-7417

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. J. Gordon Jr. M.D.	Asst. Med. Exam.	2 Mudart Dr. Balto 21 Md.	8/5/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-5-53		Franklinton N. C.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/5/53	Edith Hurley	Sidney Lynch	1407 Eastern Ave

VS. A15A

RECEIVED
AUG 6 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Forge X; LENGTH OF STAY (In this place) MARYLAND 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 136 Dumbarton Road X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 136 Dumbarton Rd

3. NAME OF DECEASED (Type or Print): (First) CARL (Middle) FRANKLIN (Last) KEENER

4. DATE OF DEATH: (Month) Aug. (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec. 25. 1891

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Rep. of Wm. R. Warner Co. Pharmaceuticals

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Amos Stouffer Keener

14. MOTHER'S MAIDEN NAME: Minnie Swisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 219-18-5324

17. INFORMANT AND ADDRESS: Marie Keener (Wife) 136 Dumbarton Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 X Immediate cause (a) Carcinoma of Lung — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Aug 8th, 1953, that I last saw the deceased alive on Aug 7th, 1953, and that death occurred at 2 40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William H. Fusting M.D. ADDRESS DATE SIGNED Aug 8, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 10. 1953

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 8/10/53

REGISTRAR'S SIGNATURE: A. W. Hartman

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. ADDRESS: Baltimore Md. Henry Sander

Item #7 Film G157 · 9/3/53 · mnt

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 Jones Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 18 Jones Ave.

3. NAME OF DECEASED: (Type or Print) (First) Inez (Middle) King (Last)

4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/26/1914
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Reading Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John White
14. MOTHER'S MAIDEN NAME: Rebecca White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: George King 18 Jones Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 410X

Immediate cause (a) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 9 months + 8 days

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: U
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15-, 1952 to 8-26-, 1953, that I last saw the deceased alive on 8-26-, 1953, and that death occurred at 1:20 A.m., from the causes and on the date stated above.

SIGNATURE C. A. Maloney (DEGREE OR TITLE) MD ADDRESS 57 Winters Lane Catonsville DATE SIGNED 8/26/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 8/28/1953 NAME OF CEMETERY OR CREMATORY Balto. National Cem. LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 8/27/53 REGISTRAR'S SIGNATURE A. W. Hedrich M.H. 24. FUNERAL DIRECTOR Mrs Katie R. Williams ADDRESS 322 N. Schroeder St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 41 ... 51

M

3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: Baltimore County

City or town: Bowly Quarters
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: X

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: 4

City or town: Baltimore 29.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 143 S. Hilton St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: FRANK J. KROEHS

3.(b) Social Security Number

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Nov. 19/91

8. AGE: Years 61 | Months 8 | Days 28 | If less than one day ... hrs. ... min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual occupation: Electrician

11. Industry or business: Acme Window Cleaning

FATHER
12. Name: Gus A. Kroehs
13. Birthplace

MOTHER
14. Maiden name: Mary
15. Birthplace

16. Informant: Mrs. Gertrude Christy (Sister)

Address: 143 S. Hilton St.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Aug. 20/53
(month) (day) (year)

Cemetery or crematory: Mt. Olivet

Location: 2930 Frederick Rd. Balto. Md.

18. Funeral director: Harry H. Nitzsche

Address: 4101 Edmondson Ave.

19. 8-19-53 19
(Date rec'd by registrar)

A. W. Hedrick M.H. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 17 1953 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 1953 to Aug 14 1953 and that I last saw him alive on Aug 14 1953

Immediate cause of death: Cerebral Hemorrhage (Spontaneous) — DURATION: Few years

Due to: Hypertension & Arteriosclerosis

Due to: —

331X

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: none

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) — (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work?

23. SIGNATURE: Irving R. Beck M.D.
M.D. or other

Address: 901 Fuselage Ave Balt. 20 Md. Date signed: Aug 18, 1953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-45-15M

Item 2 XXXXXX - via telephone AMS 8/27/53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Catonsville Md.

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY BALTIMORE Co. Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PARADISE NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE MD Essex
STREET ADDRESS (If rural, give location) 107 Howard PARADISE & ALTAMONT AVES

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) M (Last) KROENING

4. DATE OF DEATH (Month) 8 (Day) 24 (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 2/16/1909
9. AGE last birthday 44 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOHN A. KRISS
14. MOTHER'S MAIDEN NAME MARY WALTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS THOMAS A KROENING 107 HOWARD AVE ESSEX MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral embolism, multiple, repeated	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Arterio sclerosis, cerebral	Unknown

332 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcer, Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15, 1953, to 8-24, 1953, that I last saw the deceased alive on 8-22, 1953, and that death occurred at 9:10 A m., from the causes and on the date stated above.

SIGNATURE Stephen Lee Magness (Degree or title) M.D. ADDRESS Catonsville 28, Md DATE SIGNED 8-24-53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8/28/53
NAME OF CEMETERY OR CREMATORY ST PAULS
LOCATION (City, town, or county) BALTIMORE (State) MD

DATE REC'D BY LOCAL REG. 8/25/53
REGISTRAR'S SIGNATURE A. L. Hedrick M.A.
24. FUNERAL DIRECTOR Clarence F. Hoffmann ADDRESS 1639 Broadway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carney X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2501 East Joppa Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carney X
STREET ADDRESS (If rural, give location): 2501 East Joppa Rd.

3. NAME OF DECEASED (Type or Print): (First) ESTELLE (Middle) M. (Last) LANKFORD

4. DATE OF DEATH: (Month) Aug. (Day) 22, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 15, 1892

9. AGE Last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Hartman

14. MOTHER'S MAIDEN NAME: ******* Sanford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Geo. W. Lankford 2501 E. Joppa Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

174X **Immediate cause** (a) Carcinoma, uterus with metastases — 4 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) to bladder & rectum

(c) Chronic myocarditis with hypertension — 3 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/29, 1951, to 8/22, 1953, that I last saw the deceased alive on 8/21, 1953, and that death occurred at 8.35A m., from the causes and on the date stated above.

SIGNATURE: G. M. Bacon, M.D. — (Degree or title) — ADDRESS: 2810 Taylor Ave. — DATE SIGNED: 8/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/25/53 — NAME OF CEMETERY OR CREMATORY: Moreland Memorial Pk. — LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG. 8/24/53 — REGISTRAR'S SIGNATURE: G. M. Bacon

24. FUNERAL DIRECTOR — ADDRESS: CHARLES F. EVANS & SON, 5802 Harford Rd.

RECEIVED
AUG 25 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills X
LENGTH OF STAY (in this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kingsley Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills X
STREET ADDRESS (If rural give location) Kingsley Road

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Franklin (Last) Larkins

4. DATE OF DEATH: (Month) Aug. (Day) 15, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 10, 1883

9. AGE last birthday: 69 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Hospt. Attendant

10b. KIND OF BUSINESS OR INDUSTRY: Rosewood School

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Willaim Larkins

14. MOTHER'S MAIDEN NAME: Anna Franck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-24-6777

17. INFORMANT & ADDRESS: Mrs. Alberta C. Larkins, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Bronchial Pneumonia	48 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerotic C.V. Disease	4 years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to August 15 1953, that I last saw the deceased alive on 8/14, 1953, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE Martin E. Strobel (Degree or title) M.D. ADDRESS Reisterstown, Md. DATE SIGNED 8/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 18, 1953 | NAME OF CEMETERY OR CREMATORY All-Saints Cemetery | LOCATION (City, town, or county) (State) Reisterstown, Md.

DATE REC'D BY LOCAL REGISTRAR 8-17-53 | REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS J.F. Eline & Sons, Reisterstown, Md.

RECEIVED
AUG 19 1953
BUREAU V. S.

ITEMS 8 & 9, PHONE CALL FROM TICKNER AUGUST 24, 1953, MH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa X — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Chandelle Rd. X	STREET ADDRESS (If rural give location) 27 Chandelle Rd.

3. NAME OF DECEASED (Type or Print)	(First) EVELYN	(Middle) MINNIE	(Last) LARMORE	4. DATE OF DEATH	(Month) AUGUST (Day) 23 (Year) 1953
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH JULY 27, 1913	9. AGE last birthday 40 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Aviation (Mfg)	11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Gustav C. Lample		14. MOTHER'S MAIDEN NAME Mamie A. Marshall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 220-07-0177	17. INFORMANT Mrs. Gustav C. Lample-501 W. University Pkwy			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X Immediate cause (a) Carcinoma, cervix, metastases — INTERVAL BETWEEN ONSET AND DEATH 4 YRS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1949	19b. MAJOR FINDINGS OF OPERATION Carcinoma Cervix	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1953, to Aug 23, 1953, that I last saw the deceased alive on August 22, 1953, and that death occurred at 5:50 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis Semenoff	M D	1437 Fuselage Ave, Balto 20, Md	8/23/53

23. BURIAL, CREMATION REMOVAL (Specify) Entombment	DATE THEREOF 8/26/53	NAME OF CEMETERY OR CREMATORY Lorraine Mausoleum	LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE REC'D BY LOCAL REG. 8/24/53	REGISTRAR'S SIGNATURE A. W. Hedrich M.H.	24. FUNERAL DIRECTOR Wm. J. Tickner & Sons	ADDRESS Balto 17 Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstown X
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS McDonogh Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstown X
STREET ADDRESS (If rural give location) McDonogh Road

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Lawless (Last)

4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: 8/3-53
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country) Balto. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Lawless
14. MOTHER'S MAIDEN NAME: Dora Branham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: David Lawless

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

773.0

Immediate cause

Antecedent causes(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(a) Baby normal at birth 8-3/53 condition excellent until 3 hours before death, cried
DUE TO
(b) and suddenly became cyanotic and died
DUE TO Cause undetermined
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3/, 1953, to 8/5/, 1953 that I last saw the deceased alive on 8/4/, 1953, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE Wm. E. Martin (Degree or title) M.W. ADDRESS Randallstown Md DATE SIGNED 8/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/6/53
NAME OF CEMETERY OR CREMATORY Mt. Olive
LOCATION (City, town, or county) Randallstown (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/5/53
REGISTRAR'S SIGNATURE Wm. E. Martin
24. FUNERAL DIRECTOR Frank H. Newell ADDRESS Pikesville Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH — COUNTY: Balto — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fulton
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Tapeview

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fulton
   STREET ADDRESS (If rural, give location): Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Elizabeth (Last) Lee

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Apr 23 1882

9. AGE last birthday: 71 yrs. — If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): York Co Pa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Noah Simmons

14. MOTHER'S MAIDEN NAME: Catherine Stahl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Richard Lee - 17 Rockrose Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, transverse intestine, general metastasis — Interval Between Onset and Death: 2 yrs approx

153X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/26/53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma, transverse intestine, partial obstruction

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1935, to Aug 27, 1953, that I last saw the deceased alive on Aug 26, 1953, and that death occurred at 10:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Rollin C. Hudson M.D. ADDRESS: Towson Md. DATE SIGNED: 8/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug 31-53 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county): Towson 4 — (State): Md

DATE REC'D BY LOCAL REG.: Aug 31, 1953 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 812 Regester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 5003 Falls Road Terrace

3. NAME OF DECEASED: (Type or Print) First: MAUDE (Middle) D (Last) LEMON

4. DATE OF DEATH: (Month) Aug. (Day) 8 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Apr. 10, 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Wash. D. C. 48
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Brown Duvall
14. MOTHER'S MAIDEN NAME: Mary Morsell Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Joseph Gawler's Sons 1750 P. Ave. N. W. Wash. D. C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
446X
Immediate cause (a) Nephrosclerosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death: Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Aug 8, 1953, that I last saw the deceased alive on Aug 8, 1953, and that death occurred at 6.30 PM, from the causes and on the date stated above.

SIGNATURE John W Parsons (Degree or title) M.D. ADDRESS 11 E Chase St. DATE SIGNED Aug 10, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 8/10/53
NAME OF CEMETERY OR CREMATORY Congressional
LOCATION (City, town, or county) (State) Washington D. C.
DATE REC'D BY LOCAL REGISTRAR 8/10/53
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm J Tickner & Sons Inc Balto Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard X
LENGTH OF STAY (in this place) 44 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 148 N. Curley Street

3. NAME OF DECEASED: (Type or Print) (First) PETER (Middle) (NMI) (Last) LEWCZYNSKI

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6/18/96
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Lewczynski
14. MOTHER'S MAIDEN NAME: Florentine Wyschenski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.: 212-18-3122
17. INFORMANT & ADDRESS: Clinical Records, Vet.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 X

Immediate cause (a) CARCINOMA OF STOMACH WITH ABDOMINAL METASTASES
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: Approx. 7 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from July 8, 1953, to Aug. 21, 1953 ~~that I last saw the deceased~~ ~~xxxxxxxxxxxxxxxxxxxx~~, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
FRANCIS G. DICKEY, M.D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 8/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery
LOCATION (City, town, or county) Baltimore, Md. (State)
DATE REC'D BY LOCAL REGISTRAR AUG 25 1953
REGISTRAR'S SIGNATURE ~~Huntington Williams, MD~~
24. FUNERAL DIRECTOR John M. Weber Funeral Home, 401 S. Chester St Baltimore, Md.
ADDRESS

25 a. W. Hedrich

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 433 Ingleside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28
STREET ADDRESS (If rural give location) 433 Ingleside Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) L. (Last) Maisel

4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-21-1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Sup't.

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Maisel

14. MOTHER'S MAIDEN NAME: Katherine Moore

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Camelia E. Maisel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

433.1

Immediate cause (a) Auricular Fibrillation

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Thrombosis

DUE TO

(c)

Interval Between Onset And Death: 1 Month

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-25-53, 19 , to 8-25-53, 19 , that I last saw the deceased alive on 8-25, 19 53, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel S. Shanahan M.D. ADDRESS 1945 W. Balto. St. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8-28-53

NAME OF CEMETERY OR CREMATORY Lorraine

LOCATION (City, town, or county) Balto., (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8-27-53

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Mac Nabb & Son ADDRESS Catonsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] 16

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) [illegible]
4. DATE OF DEATH: (Month) (Day) (Year) [illegible] 19[illegible]

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: 12-19-92
9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Beautician~~
10b. KIND OF BUSINESS OR INDUSTRY: Beautician
11. BIRTHPLACE (State or foreign country): Lexington, Va.
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Harry Estell Birmingham
14. MOTHER'S MAIDEN NAME: Harriet Catherine Pursley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: 1920 Linden Avenue [illegible] NELHALL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 154 X

Immediate cause (a) [illegible]
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]
19b. MAJOR FINDINGS OF OPERATION: [illegible]
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: 9 - 1 - 53
NAME OF CEMETERY OR CREMATORY: Lorraine Park
LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE REC'D BY LOCAL REG. 9/1/53
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc.-1900 Eutaw Place ADDRESS
M B Mitchell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 [illegible]-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
LENGTH OF STAY (in this place) 39 yrs. 5 mos. 25 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 14
STREET ADDRESS (If rural give location) 2923 N. Calvert st

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Keith (Last) Martin

4. DATE OF DEATH: (Month) Aug. (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 29, 1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm. Milton Martin

14. MOTHER'S MAIDEN NAME: Emma Cummings Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Miss Gladys Martin Hospital records & 2923 N Calvert St. Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Brain Abscess — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Left mastoiditis

DUE TO

(c) Chronic Otitis Media 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953 to Aug. 8, 1953, that I last saw the deceased alive on Aug. 8, 1953, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lovia Frances Woodward M.D. Spring Grove State Hospital Catonsville 28 Md. Aug. 8 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/25/53

NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.

LOCATION (City, town, or county) Pikesville, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8/25/53

REGISTRAR'S SIGNATURE C. N. Hedrick M.H.

24. FUNERAL DIRECTOR Wm J. Tichner & Sons

ADDRESS Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. . . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold 22 — MARYLAND — LENGTH OF STAY (In this place) 1 1/2 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 170 Bethlehem ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same. — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Virginia (Last) Mariner (HENSLER) — 4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 53.

5. SEX: Female Male — 6. COLOR OR RACE: White. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married. — 8. DATE OF BIRTH: Feby 6 1890 — 9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Baltimore Md. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Wm. H. Kolb. — 14. MOTHER'S MAIDEN NAME: Emma V. Hunter.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — 16. SOCIAL SECURITY NO.: ? — 17. INFORMANT AND ADDRESS: Eleanor O. Mariner (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 1 53 3 P.m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Mariner M.D. — (Degree or title): Deputy Medical Examiner — ADDRESS: Balto. Co. Dundalk md — DATE SIGNED: 8/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-4-53 — NAME OF CEMETERY OR CREMATORY: Western — LOCATION (City, town, or county): Baltimore Md. — (State)

DATE REC'D BY LOCAL REG.: AUG 3 Rec'd — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm. J. Tubner & Son Inc. — ADDRESS: Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Julie X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville X
STREET ADDRESS (If rural, give location) Villa Julie - Valley Rd.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Sister Mary Angela (Nellie McCarthy)

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 22 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 11 1890

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Religious

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Timoyht Mc Carthy

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4 - - - -

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT & ADDRESS: Villa Julie Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 410X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Embolism + Embolism et. leg.	14 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Mural Thrombosis - intracardiac	?
	DUE TO (c) Chronic Rheumatic C.V.D. Mitral Stenosis, Auricular Fibrillation	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Aug., 1953, to 22 Aug., 1953 that I last saw the deceased alive on 22 Aug., 1953, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE Wm S Love (DEGREE OR TITLE) MD ADDRESS 1214 N. Calvert St Balto 2 Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 8-24 53 NAME OF CEMETERY OR CREMATORY Trinity Convent Cem. LOCATION (City, town, or county) Ilchester (State) Md.

DATE REC'D BY LOCAL REG. Aug. 27 '53 REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR George A. Farley Catonsville, Md. ADDRESS

VS. A15 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

COPY SENT TO LOCAL REGISTRAR No.____DATE_____

RECEIVED
AUG 27 1953
BUREAU V. S.

4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home, 98 Smithwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 611 Woodington Rd.

3. NAME OF DECEASED: (Type or Print) (First) Edward W.L. (Middle) (Last) Mehrling
4. DATE OF DEATH: (Month) Aug. (Day) 19 (Year) 19 53

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 16, 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Md. Color Printing Co.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Mehrling
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Edward A. Mehrling, 611 Woodington Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 42.2.1

Immediate cause (a) Cardiac insufficiency due to arteriosclerotic

DUE TO cardio-vascular disease

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1952, to Aug. 19, 1953, that I last saw the deceased alive on Aug. 18, 1953, and that death occurred at 6:15 A.M. m., from the causes and on the date stated above.

SIGNATURE George A Knipp (DEGREE OR TITLE) ADDRESS 4116 Edmondson Avenue DATE SIGNED Aug. 21, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug. 22/53
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. August 22. 1953
REGISTRAR'S SIGNATURE R. W.
24. FUNERAL DIRECTOR Harry H. Nitzke ADDRESS 4101 Edmondson Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1 8-51

Stat

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) VILLA NOVA X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4105 ESSEX RD. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON
STREET ADDRESS (If rural give location) 122 GREENBRIAR RD

3. NAME OF DECEASED: (Type or Print) (First) AMELIA (Middle) (BECK) (Last) MEYERS

4. DATE OF DEATH: (Month) AUG. (Day) 8 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: OCT. 22, 1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN BECK
14. MOTHER'S MAIDEN NAME: ANNIE E. RUST.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS. C. ROSE ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 32 X (a) Cerebral Thrombosis — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Art. Sclerosis — 5 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 10 yrs.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/9, 1953, to 8/8, 1953, that I last saw the deceased alive on 8/7, 1953 and that death occurred at 4:45 P.M. from the causes and on the date stated above.

SIGNATURE James A. Miller Jr. (Degree or title) ADDRESS Pikesville-8, MD DATE SIGNED 8/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 8-12-1953
NAME OF CEMETERY OR CREMATORY BALTO.
LOCATION (City, town, or county) BALTO. (State) MD
DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR H. W. JENKINS & SONS CO. ADDRESS 4905 YORK RD. BALTO., MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

E PLAINLY, WITH UNFADING INK. Supply every item of information

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard X
LENGTH OF STAY (in this place) 1 hr 25 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3500 Copley Road

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) C. J. (Last) MILLER
4. DATE OF DEATH: (Month) August (Day) 24 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8-25-72
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Physician
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Joseph W. Miller
14. MOTHER'S MAIDEN NAME: Mary Gordy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug. 24 1953 12:30 AM, to Aug. 24 1953 1:55 AM, and that death occurred at 1:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M. D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 8-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF Aug 26-53
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR 8/26/53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Wippert & Son Funeral Home
ADDRESS Eutaw Place & Lanvale Street, Baltimore, Md.

Age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX 54; MARYLAND; LENGTH OF STAY (in this place) 6 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1817 Sunnyside Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX 54; STREET ADDRESS (If rural, give location) 1817 Sunnyside Rd

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Earl (Last) Mitchell

4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 8 1912

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Employee Balto Transit Co

11. BIRTHPLACE (State or foreign country): Balto City Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas Mitchell

14. MOTHER'S MAIDEN NAME: — Huberd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. II

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Robert E Mitchell 1817 Sunnyside Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial infarction — Interval between onset and death: 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary thrombosis — 1 hour

(c) Coronary arteriosclerosis — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: U

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1953, to Aug 30, 1953, that I last saw the deceased alive on Aug 25, 1953 and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H K Yellen MD — ADDRESS: Ridge Rd Baltimore 6 — DATE SIGNED: Aug 31/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/2/53 — NAME OF CEMETERY OR CREMATORY: Balto Nat'l Cem — LOCATION (City, town, or county): Balto — (State): Md

DATE REC'D BY LOCAL REG.: Sept. 5, 1953 — REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: Lansdale Funeral Home — ADDRESS: 7401 Belair Rd

(2)

RECEIVED
SEP
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1[illegible]-51

1. PLACE OF DEATH:

COUNTY of Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Harford Co.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington

STREET ADDRESS (If rural, give location) R#1, Box #44

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) (Last) MOXLEY

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 22, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Allegheny Co. N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACKSON WARDEN

14. MOTHER'S MAIDEN NAME: Emily Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Personal History Hospital Records - Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 yrs

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-4, 1953, to 8-16, 1953, that I last saw the deceased alive on 8-16, 1953, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

SIGNATURE Milton B Kress (DEGREE OR TITLE) M.D.-Eudowood Sanatorium-Towson, 4, Md. ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF August 18, 1953

NAME OF CEMETERY OR CREMATORY Darlington STATA N.C.

LOCATION (City, town, or county) Harford Co. (State) Md

DATE REC'D BY LOCAL REG. Aug. 16, 1953

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR H. A. Bailey ADDRESS

RECEIVED
AUG 18 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 3236 E. Lombard Street

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
HENRY A. MUNK	August 20 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced	8-27-90	62 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	(Laundry)	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Munk	Catherine Steiner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	WW I	Unknown	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
420.0 Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	24 HOURS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO ARTERIOSCIEROTIC HEART DISEASE WITH MYOCARDIAL INSUFFICIENCY	APPROXIMATELY 1 YEAR
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1953, to Aug. 20, 1953, and that death occurred at 12:15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M.D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 8-20-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/24/53	Oaklawn Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8/21/53 — REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Ullrich Funeral Home 2112 Dundalk Avenue Baltimore, Maryland

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Fort Howard X — LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp. 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore C 1-4
STREET ADDRESS (If rural give location): 1003 E. Oliver Street

3. NAME OF DECEASED: (First) JOHNNIE (Middle) (NMI) (Last) MURCHISON
4. DATE OF DEATH: (Month) August (Day) 20 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6/8/97
9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.
11. BIRTHPLACE (State or foreign country): Linden N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dan Murchison
14. MOTHER'S MAIDEN NAME: Mary Jane Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 213-07-3160
17. INFORMANT & ADDRESS: Clinical Records, Vet.AdmHosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
1937 Immediate cause	(a) CARCINOMA, TYPE UNDETERMINED, WITH GENERALIZED METASTASES	Approx. 3 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Aug. 10, 1953, to Aug. 20, 1953, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): FRANCIS G. DICKEY, M. D. — ADDRESS: VAH, FORT HOWARD, MD. — DATE SIGNED: 8/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 25/53 — NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 8/24/53 — REGISTRAR'S SIGNATURE: C. W. Hedrick — 24. FUNERAL DIRECTOR — ADDRESS: Mrs. Robert A. Elliott & daughter Funeral Home, 1129 N. Caroline St. Balto. Md.

M.H.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2626 N. MARINE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE
STREET ADDRESS (If rural, give location) 2626 N. MARINE AVE

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) G. (Last) NELSON

4. DATE OF DEATH: (Month) AUG. (Day) 16 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 10-1915

9. AGE last birthday: 38 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRO LINER

10b. KIND OF BUSINESS OR INDUSTRY: CROWN CORK CO.

11. BIRTHPLACE (State or foreign country): MARY LAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL J. NELSON

14. MOTHER'S MAIDEN NAME: ROSE SCHWARTZMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MRS ANNA NELSON 2626 N. MARINE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

45 C

Immediate cause (a) Acute Coronary Occlusion — 4 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 2 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to Aug 16, 1953, that I last saw the deceased alive on Aug 16, 1953, and that death occurred at 11:15 A. m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: AUG 19 1953 — NAME OF CEMETERY OR CREMATORY: OAK LAWN — LOCATION (City, town, or county) (State): BALTIMORE MD

DATE REC'D BY LOCAL REG. 8/18/53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS: ULRICH FUNERAL HOME 2112 DUNDALK

US

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 19, md. X
STREET ADDRESS (If rural give location) 6516 N Point Rd.

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Nemec

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1953

5. SEX: F

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: December 25, 1894

9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): factory worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leo Kellmeyer

14. MOTHER'S MAIDEN NAME: Elizabeth Newaller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Mrs Grace Seitz 6506 N Point Rd Balto 19

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X

Immediate cause (a) Diabetes Mellitus — Interval Between Onset And Death: 1 yr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcerations — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2, 1953, to 8/15, 1953 that I last saw the deceased alive on 8/15, 1953 and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Arthur M Hansen MD Spring Grove State Hosp 8/15/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 18, 1953 — NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: AUG 17 1953

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 2601-3-5 E. Madison St.

VS-A15

Item 8.- Film/B157-9/3/53-mnt

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe 51
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4610 Linden Ave X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe 51
STREET ADDRESS (If rural give location) 4610 Linden

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) — (Last) NOYES, Jr.
4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid
8. DATE OF BIRTH: Oct 30, ~~1875~~ 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Cook.
10b. KIND OF BUSINESS OR INDUSTRY: Institutional
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U of Md
13. FATHER'S NAME: David Noyes, Sr
14. MOTHER'S MAIDEN NAME: Mary Cornelius
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs H[illegible] - 4603 [illegible] - Balto 27.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: sudden years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from [illegible], 1947, to 25 Aug, 1953, that I last saw the deceased alive on 25 Aug, 1953, and that death occurred at 4:20 A, from the causes and on the date stated above.

SIGNATURE William Goodman, M.D. (Degree or title) ADDRESS 1334 [illegible] Spring Rd. DATE SIGNED 26 Aug 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 29-1953
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) Baltimore (State) Md
DATE REC'D BY LOCAL REGISTRAR 8/28/53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Wm Cook Inc. - 1217 St Paul St
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Halethorpe
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4610 Linden Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Halethorpe
STREET ADDRESS (If rural give location) 4610 Linden Ave

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELENORA (Last) NOYES

4. DATE OF DEATH: (Month) 6 (Day) Aug (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 24 Mar 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: August Krebs
14. MOTHER'S MAIDEN NAME: Elizabeth De Courcey

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Daughter Elizabeth Houck - 4603 Lord Ave Balto 27, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) DUE TO Cerebrovascular accident

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertension

(c)

Interval Between Onset And Death: 5 hours; 10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None
(CITY OR TOWN) (COUNTY) (STATE) None
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from January, 1948, to 6 Aug, 1953 that I last saw the deceased alive on 6 Aug, 1953, and that death occurred at 10:50 PM, from the causes and on the date stated above.

SIGNATURE William Goodman, M.D. (Degree or title) ADDRESS 1334 Selphus Springs Rd. DATE SIGNED 6 Mar 5

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/10/53
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) Parkville, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 8-7-53
REGISTRAR'S SIGNATURE A. W. Hedrich M.H.
24. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St. Paul St.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 18 Film G157 8-28-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 5 yrs 5-20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1005 S. Hanover St
STREET ADDRESS (If rural, give location) Balto Md.

3. NAME OF DECEASED (Type or Print) (First) Timothy (Middle) J. P. O'Connell (Last) JR
4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1953
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH July 6 1913
9. AGE last birthday 40 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? Usa
13. FATHER'S NAME Timothy O'Connell
14. MOTHER'S MAIDEN NAME Lillian Dorsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Record of Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart failure due to obliterating coronary sclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) Geo W. Kieffer Mhl Dep Med Exam Balto Co | ADDRESS 1010 Leeds Ave | DATE SIGNED Aug 22 53

CREMATION (Specify) Burial | DATE THEREOF Aug 26, 1953 | NAME OF CEMETERY OR CREMATORY New Cathedral | LOCATION (City, town, or county) Old Frederick Rd. (State) Md.

DATE REC'D BY LOCAL REG. 8-25-53 | REGISTRAR'S SIGNATURE A. W. Hedrich M.H. | 24. FUNERAL DIRECTOR KRAUSE FUNERAL HOME-1216S. | ADDRESS Charles St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16A

Items 4,13,14 FilmG157 8/14/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cockeysville X
LENGTH OF STAY (in this place) Working
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shawan Rd & New York Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) Patrick St

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Ray (Last) Olson
4. DATE OF DEATH (Month) Aug. (Day) 7 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 1931
9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler - Shovel
10b. KIND OF BUSINESS OR INDUSTRY Road Const
11. BIRTHPLACE (State or foreign country) Waynesboro Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Tilman Olson
14. MOTHER'S MAIDEN NAME Birdilla Robertson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Herbert Teer Co. - Cockeysville, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
912 Immediate cause	(a) Crushing Injury of Chest & Abdomen	Instantly
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Cockeysville (COUNTY) Baltimore (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) August 7 1953 9:30 a.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Crushed between Bucket on Shovel & Frame of Shovel

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles T O'Donnell (Degree or title) MD ADDRESS 7501 York Rd Towson Md DATE SIGNED 8/7/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-10-53
NAME OF CEMETERY OR CREMATORY Waynesboro Pa.
LOCATION (City, town, or county) Waynesboro (State) PA
DATE REC'D BY LOCAL REG. 8/7/53
REGISTRAR'S SIGNATURE Wm J. Chilcott
24. FUNERAL DIRECTOR L. Scott Brooks ADDRESS Sparks Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

RECEIVED
AUG 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Fort Howard X
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore C-1-4
STREET ADDRESS (If rural give location): 722 S. Oldham Street

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) (NMI) (Last) OWENS

4. DATE OF DEATH: (Month) August (Day) 8, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/11/72

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Anne Arundel Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Owens

14. MOTHER'S MAIDEN NAME: Elizabeth Hardesty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): SPA

16. SOCIAL SECURITY No.: 216-10-4115

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.0

Immediate cause (a) CIRRHOSIS OF LIVER — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from July 28, 1953, to August 8, 1953, that ~~I last saw the deceased~~ and that death occurred at 3:20 A.M., from the causes and on the date stated above.

SIGNATURE: William B. VanDegrift, M.D. (Degree or title) ADDRESS: VAH, Fort Howard, Md. DATE SIGNED: 8/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/11/53 — NAME OF CEMETERY OR CREMATORY: Oaklawn Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 8/10/53 — REGISTRAR'S SIGNATURE: A. W. Helms

24. FUNERAL DIRECTOR — ADDRESS: Wm.Cook Funeral Home,St.Paul & ~~Preston Sts.~~ Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase Md
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Earles Beach Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase Md
STREET ADDRESS (If rural, give location) Earles Beach Rd

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) S. (Last) Parlett

4. DATE OF DEATH (Month) 8 (Day) 18 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH Apr. 1-5-1880
9. AGE last birthday 73 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Farm
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Balto Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Benjamin Parlett
14. MOTHER'S MAIDEN NAME Catherine York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Jos. S. Parlett, Earles Beach Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
42 Immediate cause	(a) Chronic Myocarditis	3-1 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arthritis	-
	(c) Senility	-

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Ucr
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OR INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Davis MD - Dep. Med. Exam. - [illegible] 8/19/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/20/53
NAME OF CEMETERY OR CREMATORY Ebenezer Meth Cem
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 8-19-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS TRIPLE UNION PARK RD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE
STREET ADDRESS (If rural, give location) 2913 SPARROWS POINT RD

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) ANN (Last) PETERS
4. DATE OF DEATH (Month) AUG (Day) 18 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: FEB 7, 1870
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? RICE
14. MOTHER'S MAIDEN NAME: FRANCES E. RICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: DANIEL A. PETERS 2916 SPARROWS PT.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42a.1
Immediate cause (a) Cardio-respiratory failure — 3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral thrombosis — 5 days
(c) Generalized Arteriosclerotic C-V disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13, 1953, to 8-18, 1953, that I last saw the deceased alive on 8-18, 1953, and that death occurred at 5:20 ? m., from the causes and on the date stated above.

SIGNATURE: Robert E. Farber (Degree or title) M.D. ADDRESS Sparrows Point, Md DATE SIGNED 8-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: AUG 21, 1953
NAME OF CEMETERY OR CREMATORY: OAK LAWN
LOCATION (City, town, or county) (State): COLGATE MD

DATE REC'D BY LOCAL REG.: 8-29-53
REGISTRAR'S SIGNATURE: Dawson L. Harbo
24. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME ADDRESS: 202 DUNDALK

RECEIVED
SEP 1
BUREAU V. S.

Item 9 FilmG157 8/25/53 WHW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cockeysmill Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown Md X
STREET ADDRESS (If rural give location) Cockeysmill Rd.

3. NAME OF DECEASED: (Type or Print) (First) Omea (Middle) Tiney Carolyn (Last) Petterson

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1953

5. SEX: Female
6. COLOR OR RACE? White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 14, 1876
9. AGE last birthday: 77 ~~78~~ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawson Petterson
14. MOTHER'S MAIDEN NAME: Camael Tipton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Floyd Petterson, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Congestive Heart Failure — Interval Between Onset And Death: 3 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral Vascular Accident - hemorrhage — 3 hours

DUE TO (c) Hypertensive Cardiovascular Disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: E
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18, 1953, to Aug 18, 1953, that I last saw the deceased alive on Aug 18, 1953, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

SIGNATURE Clarence E. McWilliams (Degree or title) M.D. ADDRESS Reisterstown Md. DATE SIGNED Aug 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-21-53
NAME OF CEMETERY OR CREMATORY Petterson Cem.
LOCATION (City, town, or county) Unicoi Co. (State) Tenn.
DATE REC'D BY LOCAL REGISTRAR 8-19-53
REGISTRAR'S SIGNATURE Mary B. Eline
24. FUNERAL DIRECTOR J. S. Eline & Sons, Reisterstown Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLENARM X
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLENARM
STREET ADDRESS (If rural, give location) FACTORY Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SARAH.	E	PLACK	AUG	23	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	MARRIED	MAR 1-1880	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		PENNA.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BRADFORD	RACHEL R. WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs ARNOLD REIER - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis (Reported 4205)	8 MOS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic Heart Disease	7 MOS.
	(c) Chronic Nephritis	2 MOS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While at Work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Dec 3, 1952 to 8/23, 1953, that I last saw the deceased alive on 8 22, 1953, and that death occurred at 4:25A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Clifford F. Hudson, M.D.	Fork Md.	8/24/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or county)	(State)
BURIAL	8-26-53	FORK METHODIST	FORK.	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/25/53	A. K. Hedrick M.D.	Mildred I. Blight	1009 HARFORD Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Baltimore
COUNTY Catonsville 28, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 107 Ingleside Ave.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) C (Last) PORTER

4. DATE OF DEATH: (Month) 8 (Day) 1 (Year) 1953

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single | 8. DATE OF BIRTH: Apr. 2, 1889 | 9. AGE last birthday: 64 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Teleph. oper. | 10b. KIND OF BUSINESS OR INDUSTRY: Telephone Co. | 11. BIRTHPLACE (State or foreign country): U. S. - Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Andrew J. Porter

14. MOTHER'S MAIDEN NAME: Clara C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4;

Immediate cause (a) Failure of the heart

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hardening of the heart-arteries
DUE TO (c) Generalized hardening of arteries

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/17, 1953, to 8/1, 1953, that I last saw the deceased alive on 8/1, 1953, and that death occurred at 7:45 PM 8/1/53, from the causes and on the date stated above.

SIGNATURE (Degree or title) Bruno Radanovic, M.D. | ADDRESS Spring Grove St. Hospital | DATE SIGNED 8/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF aug 4 53 | NAME OF CEMETERY OR CREMATORY London Park | LOCATION (City, town, or county) Balto. | (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/3/53 | REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR MacNabb & Son | ADDRESS Catonsville 28 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

apr 2 1889 - aged 64

RECEIVED
AUG 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville 52; LENGTH OF STAY (in this place) 53 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS All Saints Convent

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52; STREET ADDRESS (If rural give location) Hilton Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) SISTER EMMA OF ALL SAINTS

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 20, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept. 30, 1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Religious

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Potts

14. MOTHER'S MAIDEN NAME: Emma ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: All Saints Convent, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — Interval Between Onset And Death: 1 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio-Vascular Renal Disease — 13 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11 ,1940, to 8-20 ,1953, that I last saw the deceased alive on 8-20 ,1953, and that death occurred at 9.10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Vivian K. Talbert M.D. ADDRESS Catonsville 28, Md. DATE SIGNED 8-21-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/22/53

NAME OF CEMETERY OR CREMATORY All Saints Cem.

LOCATION (City, town, or county) (State) Catonsville, Md.

DATE REC'D BY LOCAL REGISTRAR 8/21/53

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR ADDRESS Easton Home Catonsville, Md.

VS. 15-1

RECEIVED
AUG 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX — LENGTH OF STAY (in this place) 49 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1800 Leland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX 54
STREET ADDRESS (If rural give location) 1800 Leland Ave

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) (Last) Prell

4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 1953

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: Dec 3 — 9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home — 10b. KIND OF BUSINESS OR INDUSTRY: own Home — 11. BIRTHPLACE (State or foreign country): Balto City Md — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John P. Prell — 14. MOTHER'S MAIDEN NAME: Anna Bersa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. None — 17. INFORMANT: Mrs Geo. Halldorf for Eastern Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral apoplexy — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic Cardio-Vascular Dis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to Aug 29, 1953 that I last saw the deceased alive on 8/29, 1953, and that death occurred at 1.0 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

J M Baumgardner M.D — Balto 6 Md — 8/29/53

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial — 9/1/53 — Holy Redeemer — Balto Md

DATE REC'D BY LOCAL REG. Sept 1. Sept. 5, 1953 — REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR — ADDRESS

Lansdale Funeral Home 7401 Belair Rd

Dr. Baumgardner

RECEIVED
SEP 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix (Rural) R 1
STREET ADDRESS (If rural, give location) Paper Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) Hutchins (Last) Price
4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: May 4, 1873
9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Balto Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joshua Hutchins
14. MOTHER'S MAIDEN NAME: J. Richardson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): not
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Chas H. Price, Phoenix, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis with Parkinsonism — Interval Between Onset and Death: 20 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1953, to August, 1953, that I last saw the deceased alive on August 3, 1953, and that death occurred at 11:45 a. m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Shrill, M.D. (Degree or title) ADDRESS: Cockeysville, Md. DATE SIGNED: August 7, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 8-9-53
NAME OF CEMETERY OR CREMATORY: Pipemaker
LOCATION (City, town, or county) (State): Monkton, Md.

DATE REC'D BY LOCAL REG.: Aug. 8, 53
REGISTRAR'S SIGNATURE: M. Elizabeth Forsyth
24. FUNERAL DIRECTOR: L. Scott Brooks, Parkton, Md. ADDRESS

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BUREAU V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg X
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4408 Ridge Road X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural give location) 4408 Ridge Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) FREDERICK PROSSER

4. DATE OF DEATH (Month) (Day) (Year) Aug. 28th, 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Nov. 6, 1874
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck farmer
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Prosser
14. MOTHER'S MAIDEN NAME Anna Hiltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT Miss Anna Prosser, 4408 Ridge Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1 Immediate cause (a) Generalized Adenocarcinoma — INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of Liver + Cecum — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 11/30/51
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Liver + Cecum
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1951, to 8/27, 1953, that I last saw the deceased alive on 8/27, 1953, and that death occurred at 12:45 A.m., from the causes and on the date stated above.

SIGNATURE Robert G. Chambers, M.D. (Degree or title) ADDRESS 5829 Belair Rd. DATE SIGNED 8/28/53

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Aug. 31, 1953
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Lassahn Funeral Home
ADDRESS 7401 Belair Rd.

RECEIVED
SEP 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Home for Aged 315 Ingleside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2933 Riggs Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) QUAIL

4. DATE OF DEATH: (Month) Aug. (Day) 2, (Year) 1953

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed — 8. DATE OF BIRTH: Jan. 22, 1873 — 9. AGE Last birthday: 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home — 10b. KIND OF BUSINESS OR INDUSTRY: Home — 11. BIRTHPLACE (State or foreign country): Baltimore Md. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Kenny — 14. MOTHER'S MAIDEN NAME: Ellen McMahon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Gladys Long 11716 Georgia Ave. Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Chronic Myocardial Degeneration — 8 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) ... DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Parkinson's Disease — 9 years

19a. DATE OF OPERATION: no operation — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to Aug., 1953, that I last saw the deceased alive on Aug 2, 1953, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joshua H. Armacost M.D. — ADDRESS 6419 Windsor Mill Rd — DATE SIGNED 8/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/5/53 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) Baltimore Md. (State)

DATE REC'D BY LOCAL REGISTRAR AUG 4 8 11 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. J. Tuckner & Sons Inc Catonsville Md — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown X
LENGTH OF STAY (in this place) 5 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Restaurant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster, Md.
STREET ADDRESS (If rural, give location) 68 Colonial Ave.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Henry (Last) Reese
4. DATE OF DEATH: (Month) Aug. (Day) 2, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, or DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 26, 1879
9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer self employed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll County
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John M. Reese
14. MOTHER'S MAIDEN NAME: Mary Cullison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-37-2195
17. INFORMANT AND ADDRESS: John S. Reese, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary artery Disease — Interval Between Onset and Death: 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples — (Degree or title) Deputy Med. Exam. M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 8-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 5, 1953
NAME OF CEMETERY OR CREMATORY: Leisters Cemetery
LOCATION (City, town, or county) (State): Carroll Co.

DATE REC'D BY LOCAL REG. 8-4-53
REGISTRAR'S SIGNATURE: Mary B. Elmer
24. FUNERAL DIRECTOR: H. Bankard & Son, Westminster, Md. — ADDRESS

VS-A45A

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BUREAU V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X
LENGTH OF STAY (in this place) 2 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS COLLEGE MANOR CONV. HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 00-01 T
STREET ADDRESS (If rural give location) 3500 SPAULDING AVE.

3. NAME OF DECEASED (Type or Print) (First) ALICE (Middle) V. (Last) REGAN
4. DATE OF DEATH (Month) AUGUST (Day) 23 (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH SEPT. 10, 1877
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ? LAWRENCE
14. MOTHER'S MAIDEN NAME ? ? ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT JOHN P. REGAN – 3500 SPAULDING AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Haemorrhage	8/23/53
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension – Arteriosclerosis	1951
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION 11-28-51
19b. MAJOR FINDINGS OF OPERATION Gastric ulcer – subtotal gastrectomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951, to Aug 23, 1953, that I last saw the deceased alive on Aug 23, 1953, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE M. E. Sowman (Degree or title) M.D. ADDRESS 4843 Park Heights Ave DATE SIGNED 8/25/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8/27/53
NAME OF CEMETERY OR CREMATORY LORRAINE PARK. CEM.
LOCATION (City, town, or county) BALTO. (State) MD
DATE REC'D BY LOCAL REG. 8/25/53
REGISTRAR'S SIGNATURE A.W. Hedrick Dmtr
24. FUNERAL DIRECTOR JOHN. A. MORAN – 3000 E. BALTO. ST. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-5

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton; LENGTH OF STAY (in this place) 61 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Boyce Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton; STREET ADDRESS (If rural, give location) Boyce Ave.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HUBNER (Last) RICE

4. DATE OF DEATH: (Month) AUGUST (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: Nov 10 1892

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAWYER

10b. KIND OF BUSINESS OR INDUSTRY: FINANCE

11. BIRTHPLACE (State or foreign country): Catonsville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Herbert Rice

14. MOTHER'S MAIDEN NAME: Mary Hubner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 1st World War

16. SOCIAL SECURITY NO.: 212-18-2229

17. INFORMANT AND ADDRESS: John Hubner Rice Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF STOMACH WITH METASTASES — Interval Between Onset and Death: 4 MOS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG 21, 1953, to AUG 21, 1953, that I last saw the deceased alive on AUG. 21, 1953, and that death occurred at 6:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Donald L. Somerville, M.D. 25 W. Penna Ave – Towson 4, Md Aug 21, 1953

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL; DATE THEREOF: 8-24-1953; NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL; LOCATION (City, town, or county): BALTO. (State): MD.

DATE REC'D BY LOCAL REG.: Aug. 22, 1953; REGISTRAR'S SIGNATURE: Wm. C. Swift

24. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO. ADDRESS: 4905 York Rd. Balto., MD.

VS. A13

RECEIVED
AUG 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2819 Vermont Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) L. (Last) RICE

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-9-97

9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Ret. Acetyline Burner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Coast Guard

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Rice

14. MOTHER'S MAIDEN NAME: Barbara Weihner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin. Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CHRONIC NEPHRITIS — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Duration Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1953, to August 15, 1953, that I last saw the deceased alive on [illegible] and that death occurred at 2:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M.D — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 8-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/18/53

NAME OF CEMETERY OR CREMATORY New Cathedral

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8/17/53

REGISTRAR'S SIGNATURE A. W. Kenrick

24. FUNERAL DIRECTOR ADDRESS William Cook, Incorporated St. Paul and Preston Sts. Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 837 W. University Pkwy

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) William Whitridge Rider Jr.

4. DATE OF DEATH (Month) (Day) (Year) 8 - 10 - 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 6-10-1913
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Whitridge Rider Sr.
14. MOTHER'S MAIDEN NAME Louise Heaver Rider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Louise Heaver Rider 837 W. University

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Artery Disease — unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐ none.
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE D. D. Caplus Deputy Med. Exam. (Degree or title) M.D. ADDRESS Reisterstown, Md DATE SIGNED 8-10-53.

23. FINAL CLEMATION (Burial, Cremation) Burial DATE THEREOF 8/11/53 NAME OF CEMETERY OR CREMATORY Druid Ridge LOCATION (City, town, or county) Pikesville Md (State)

DATE REC'D BY LOCAL REG. 8-11-53 REGISTRAR'S SIGNATURE Mary B. Eline. 24. FUNERAL DIRECTOR Frank H. Newell ADDRESS Pikesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED
AUG 13 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (In this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2932 Putty Hill Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Vault
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 2932 Putty Hill Ave.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) R. (Last) Riggeal
4. DATE OF DEATH: (Month) Aug. (Day) 8, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorce
8. DATE OF BIRTH: Dec. 8, 1877
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James M. Riggeal
14. MOTHER'S MAIDEN NAME: Mary Jane Pettis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-03-6448
17. INFORMANT: Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42.1

Immediate cause (a) Coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial asthma / Cardiac asthma

(c) Hypertensive C.V. disease

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/8, 1953 to 8/8, 1953, that I last saw the deceased alive on ....., 19....., and that death occurred at 12 Noon m. from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: 8402 Greenway — DATE SIGNED: 8/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 11, 1953 — NAME OF CEMETERY OR CREMATORY: Flohr's Lutheran — LOCATION (City, town, or county) (State): Flohr's, Penn.

DATE REC'D BY LOCAL REG.: 8/10/53 — REGISTRAR'S SIGNATURE: A. M. Bacon

24. FUNERAL DIRECTOR — ADDRESS: Charles F. Evans & Son, 8802 Harford Rd.

RECEIVED
AUG 1 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 83 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 2908 Miles Avenue

3. NAME OF DECEASED (Type or Print): (First) REUBEN (Middle) A. (Last) RITTER

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10-29-86

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Rug Cleaner

10b. KIND OF BUSINESS OR INDUSTRY: Cleaner & Dyeing

11. BIRTHPLACE (State or foreign country): Baltimore Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Ritter

14. MOTHER'S MAIDEN NAME: Ida Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 215-16-2785

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF BLADDER — Interval Between Onset And Death: 10 MONTHS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

181X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from May 27, 19 53, to Aug. 18, 19 53, [redacted] and that death occurred at 11:10 A.M., from the causes and on the date stated above.

SIGNATURE: [redacted] (Degree or title)
WILLIAM B. VANDEGRAFT, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 8-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-21-53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-19-53 — REGISTRAR'S SIGNATURE: C. W. Pedrick M.H.

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd. Baltimore, Md.

Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt.
LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beth. Steel Disp. — X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Cal
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO 22
STREET ADDRESS (If rural, give location) 817 Avondale Rd

3. NAME OF DECEASED (Type or Print) (First) JUNIUS (Middle) (Last) Rogers.
4. DATE OF DEATH (Month) 8 (Day) 26 (Year) 1953

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 8 8 04
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY BETH. STL. CO.
11. BIRTHPLACE (State or foreign country) JONINE SAUNDERS
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOHN ROGERS
14. MOTHER'S MAIDEN NAME VA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT CHRISTINE ROGERS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M B Davis MD - Dep Med. Exam. - Dundalk - 22 - Md 8/26/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8/30/53
NAME OF CEMETERY OR CREMATORY MT AUBURN
LOCATION (City, town, or county) (State) BALTO. MD

DATE REC'D BY LOCAL REG. 8/27/53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR GEO. G. KELSON 1303 PRESSTMAN ST.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde Park, Balto:Co.Md. LENGTH OF STAY (In this place) One Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Galena Rd.Hyde Park, Balto:Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde Park Balto:Co,Md.
STREET ADDRESS (If rural, give location) Galena Rd.Hyde Park, Balto:Co

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) E. (Last) Root
4. DATE OF DEATH (Month) Aug. (Day) 12 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH 2-18-1879
9. AGE last birthday 74 yrs. If under 1 year Months 5 Days 24 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired(Pipe Coverer)
10b. KIND OF BUSINESS OR INDUSTRY Ship Yard
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Root
14. MOTHER'S MAIDEN NAME Julia Clifford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 212-18-8196A
17. INFORMANT AND ADDRESS Mrs.Nona M.Root-1434 Montpelier St.Balto:Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42212

Immediate cause (a) Chronic Myocarditis — 5-6 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. Davis MD [illegible] 8/12/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-15-1953
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) (State) E.North Ave.Balto:City
DATE REC'D BY LOCAL REG. 8/13/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR ADDRESS George J.Ruth, Inc.-1735 Harford Avenue
George J. Ruth Inc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

Item 22 Film G157 9-8-53

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY BALTIMORE COUNTY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn RURAL
LENGTH OF STAY (In this place) 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 1942 N. Rolling Road COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, Woodlawn
STREET ADDRESS (If rural, give location) 1942 N. Rolling RD

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	BETTY	L.	RUNK		8	24	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	divorced	3/21/31	22 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	House Work	Balto. Md.	yes

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wayne Bowen	Elcie Skinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NO	NONE	Leroy M. Runk 1942 N. Rolling, Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7546

Immediate cause (a) Pending

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio venous aneurysm of the left middle cerebellar artery with rupture and massive basal subarachnoid hemorrhage.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph G. Jachimczyk	M.D.	Asst. Medical Examiner 700 Fleet St.	8-25-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/27/53	Loraine Park Cem	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 26, 1953	Thomas E. Martin	Chas P. Towell	Windsor Mill Road

August C. Bonnett when mnt.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-15A

Md State Dept of Health
2411 Wilhelm St.
Balto - Md

CN o
COPY SENT TO ~~LOCAL REGISTRAR NO.~~ DATE 8-26-53

RECEIVED
AUG 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville X
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3011 Parktowne Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville X
STREET ADDRESS (If rural give location) 3011 Parktowne Rd.

3. NAME OF DECEASED (Type or Print) (First) Bessie (Middle) C (Last) Saxton
4. DATE OF DEATH (Month) Aug (Day) 13th (Year) 1953

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 2nd 1905
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Parkville Bank
11. BIRTHPLACE (State or foreign country) PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Calvin B Highlands.
14. MOTHER'S MAIDEN NAME Alice Flenner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Harry L. Saxton 3011 Parktowne Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

175X Immediate cause (a) Carcinomatosi

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ovarian Carcinoma

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Sclorosis

19a. DATE OF OPERATION 1/21/53
19b. MAJOR FINDINGS OF OPERATION Ovarian Carcinoma with Metastasis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1953 to 8/12, 1953, that I last saw the deceased alive on 8/12, 1953 and that death occurred at 2:50 A.m., from the causes and on the date stated above.

SIGNATURE Jack Fine (Degree or title) M.D. ADDRESS DATE SIGNED 8/13/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/15/53
NAME OF CEMETERY OR CREMATORY Jeanette Cem.
LOCATION (City, town, or county) Jeanette (State) Penn.

DATE REC'D BY LOCAL REG. Aug 13-53
REGISTRAR'S SIGNATURE Mrs. M. F. Refsnider
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd. Balto. 8. MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. SK Loren - 1-2.

7122 Harford Rd.

RECEIVED
AUG 18 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Mt. Wilson
STATE: MARYLAND
LENGTH OF STAY (in this place): 1 yr., 4mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Street
STREET ADDRESS (If rural, give location): P.O., Jarrettsville, Md.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edwin (Last) Sexton

4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/27/1891

9. AGE last birthday: 62 yrs. If under 1 year: Months 6 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Sexton

14. MOTHER'S MAIDEN NAME: Luzanne Absher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-14-7845

17. INFORMANT AND ADDRESS: James Edwin Sexton, Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis; Far advanced — Interval Between Onset and Death: Approx. 1½ yrs.

0027 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21/52 to 8/28, 19 53, that I last saw the deceased alive on 8/28, 19 53, and that death occurred at 6:10 a.m., from the causes and on the date stated above.

SIGNATURE: William Newsome (Degree or title): M. D. Supt. ADDRESS: Mount Wilson, Maryland DATE SIGNED: 8/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8/30/53 | NAME OF CEMETERY OR CREMATORY: Highland Cemetery | LOCATION (City, town, or county) (State): Street, Harford Co., Md.

DATE REC'D BY LOCAL REG. 8/28/53 | REGISTRAR'S SIGNATURE: Helen R Harper, Helen Derr mnb | 24. FUNERAL DIRECTOR ADDRESS: Charles E. Kurtz, Jarrettsville, Md.

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place) 1 Yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2011 Oak Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) 2011 Oak Drive

3. NAME OF DECEASED: (Type or Print) (First) Melania S. (Middle) (Last) Schmitt

4. DATE OF DEATH: (Month) Aug. (Day) 4, (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 27, 1898

9. AGE last birthday: 54 yrs.
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Registered Nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dr. George N.A.Schmitt

14. MOTHER'S MAIDEN NAME: Katherine Ludwig

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Miss Cecelia B.Schmitt 2011 Oak Drive

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
260 X Immediate cause	(a) Rheumatic Cardio Vascular Disease	2 years.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Acute Rheumatic Fever	40 years
	DUE TO (c) Diabetes (2 years)	2 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	High Blood Pressure	uncertain

19a. DATE OF OPERATION: no operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952 to Aug 4, 1953, that I last saw the deceased alive on Aug 3, 1953, and that death occurred at 2.20 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) Joshua H Armacost M.D. ADDRESS 6419 Windsor Mill Rd DATE SIGNED 8/4/53 Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-7-1953
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) Baltimore, (State) Md.
DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS G.Howard Strong 3207 W.North Ave.

AUG 4 R

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard — RURAL: X — LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 131 N. Lakewood Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) C. (Last) SCHOENBERGER

4. DATE OF DEATH: (Month) August (Day) 23 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-12-89

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Pipe fitter

10b. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Philip Schoenberger

14. MOTHER'S MAIDEN NAME: Margaret Hackter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
445X Immediate cause	(a) HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) LEFT HEMIPLEGIA	7 DAYS
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug. 16, 1953, to Aug. 23, 1953, and that death occurred at 2:25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 8-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-26-53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-25-53 — REGISTRAR'S SIGNATURE: C. M. Aldrich M.R.

24. FUNERAL DIRECTOR: John J. Duda Inc. — ADDRESS: 2829 Hudson Street, Baltimore, Maryland

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; MARYLAND; LENGTH OF STAY (in this place) 23 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) SADIE (Middle) M (Last) SHAFFER.

4. DATE OF DEATH: (Month) Aug (Day) 25 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M.

8. DATE OF BIRTH: Nov 20 1891

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Watson Taylor.

14. MOTHER'S MAIDEN NAME: Eliza Evans.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO. ✓

17. INFORMANT: A. Wesley Shaffer. Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Carcinoma of breast	2 yr.
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Carcinoma of lungs	2 yr.
(c)	Hypostatic (acute)	10 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-, 1950, to 8-25-, 1953, that I last saw the deceased alive on 8-25-, 1953, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. C. Jennette, M.D. ADDRESS: Westminster Md DATE SIGNED: 8-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Aug 27/53; NAME OF CEMETERY OR CREMATORY: Wesley; LOCATION (City, town, or county) (State): Carroll Co Md

DATE REC'D BY LOCAL REGISTRAR: Aug 26/53; REGISTRAR'S SIGNATURE: Ray B. Elmer.

24. FUNERAL DIRECTOR: Edw A Tipton, ADDRESS: Hampsteadmd

1 1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2440 Druid Park Drive

3. NAME OF DECEASED (Type or Print) (First) RACHAEL (Middle) — (Last) SHERMAN

4. DATE OF DEATH (Month) 8 (Day) 31 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH
9. AGE last birthday 95 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Not Known
14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS William Lustbader

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) [illegible] Insufficiency	1 [illegible]
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardio-Vascular-Renal Disease	10 yr.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible] | 13.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1953, to Aug. 31, 1953, that I last saw the deceased alive on Aug. 31, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS Catonsville 28 Md DATE SIGNED 8-31-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-1-53
NAME OF CEMETERY OR CREMATORY Herring Run
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 8/31/53
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Eutaw Pk

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SEP 2 . .
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2532 Hillcrest Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 2532 Hillcrest Ave.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) H. (Last) SHEWELL
4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Jan. 27, 1872
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jessie Shewell
14. MOTHER'S MAIDEN NAME: Elizabeth Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) – (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-05-6701
17. INFORMANT AND ADDRESS: Mrs. Laurel Shewell - 2532 Hillcrest Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1 Immediate cause (a) Carcinoma of liver, metastatic, primary — Interval Between Onset and Death: 3 mons

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) source unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7 July 53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of liver
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 May ., 1953 to 26 Aug., 1953 that I last saw the deceased alive on 24 Aug., 1953 and that death occurred at 1:18 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D Barnaby MD 153 E North Ave Baltimore 13 Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 8/28/53
NAME OF CEMETERY OR CREMATORY: Stone Church Cem.
LOCATION (City, town, or county) (State): York Co., Pa.

DATE REC'D BY LOCAL REG.: 8/28/53
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Wm. J. Dukes & Sons
ADDRESS: Balto 17 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (In this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer Park Road X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Deer Park Road

3. NAME OF DECEASED (Type or Print): (First) Joshua (Middle) Montgomery (Last) Shipley
4. DATE OF DEATH (Month) August (Day) 9 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Feb 7 1862	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Silas Shipley
14. MOTHER'S MAIDEN NAME: Susan Zile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Annie N Shipley Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V. Disease — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1953, to Aug 9, 1953, that I last saw the deceased alive on Aug 8, 1953, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

SIGNATURE: Martin E. Stroble (Degree or title) M.D. ADDRESS: Reisterstown Md. DATE SIGNED: 8/10/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 11 1953	Reisterstown Meth Cem	Reisterstown	Md

DATE REC'D BY LOCAL REG. 8-10-53 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Wm Berryman & Sons ADDRESS: Reisterstown Md

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Owings Mills
LENGTH OF STAY (in this place): 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Academy Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Owings Mills
STREET ADDRESS (If rural give location): Academy Avenue

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) H. (Last) Shipley

4. DATE OF DEATH: (Month) August (Day) 14, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 15, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Overseer

10b. KIND OF BUSINESS OR INDUSTRY: Foundry

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Shipley

14. MOTHER'S MAIDEN NAME: Martha ———

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-10-7334

17. INFORMANT & ADDRESS: Mrs. Celia S. Shipley Academy Ave. Owings Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 12 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None. m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 10-23, 19 43, to 8-14, 19 53, that I last saw the deceased alive on Aug 14, 1953, and that death occurred at 1.20 P.M., from the causes and on the date stated above.

SIGNATURE: D. D. Caples (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: Aug 17 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 18, 1953 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8/18/53 — REGISTRAR'S SIGNATURE: A. W. Helmick

24. FUNERAL DIRECTOR ADDRESS: Burgee Funeral Home 3631 Falls Road

Horace F. Burgee

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6620 Loch Raven Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 6620 Loch Raven Blvd

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Shirley

4. DATE OF DEATH (Month) August (Day) 7 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 2, 1902
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk
10b. KIND OF BUSINESS OR INDUSTRY Clerk
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stanley Sczyszeski
14. MOTHER'S MAIDEN NAME Laura

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Elsie W Shirley 6620 Loch Raven Blvd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH ½ Hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Baynesville (COUNTY) Baltimore (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ☐, suicide , homicide , undetermined ☐.*

SIGNATURE (Degree or title) Charles F. Donnell M.D. ADDRESS 6620 Loch Raven Blvd DATE SIGNED 8/8/53

BURIAL, CREMATION (MOVAL Specify) BURIAL
DATE THEREOF AUG 11 1953
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEM.
LOCATION (City, town, or county) FREDERICK RD (State) MD.

DATE REC'D BY LOCAL REG. 8/10/53
REGISTRAR'S SIGNATURE A. W. Hedrick JT
24. FUNERAL DIRECTOR Dippel Bros ADDRESS 7110 BELAIR RD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH — COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EDGEMERE MD — LENGTH OF STAY (in this place): 27 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2513 S MARINE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EDGEMERE, MD.
STREET ADDRESS (If rural, give location): 2513 S MARINE AVE.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): JOHN SHKOR.
4. DATE OF DEATH (Month) (Day) (Year): AUG 13 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC 20 1889
9. AGE last birthday: 63 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTOR.
10b. KIND OF BUSINESS OR INDUSTRY: BETH STELL CO
11. BIRTHPLACE (State or foreign country): RUSSIA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: NICHLOS SHKOR.
14. MOTHER'S MAIDEN NAME: TILLIA ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): —
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: ANNA, SHKOR 2513 S MARINE AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 x Immediate cause (a) Carcinoma of descending Colon — 70 mos

Antecedent cause(s) (b) with Generalized Metastasis. —

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb-1952
19b. MAJOR FINDINGS OF OPERATION: Same as 1 -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Aug 13 1953, that I last saw the deceased alive on Aug 14, 1953, and that death occurred at 11:05 P m., from the causes and on the date stated above.

SIGNATURE: M B Davis MD — (Degree or title) — ADDRESS: Dundalk - 44 Md — DATE SIGNED: Aug 14-53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: AUG 17 1953 — NAME OF CEMETERY OR CREMATORY: HOLY TRINITY CEM. — LOCATION (City, town, or county): ELKRIDGE — (State): MD.

DATE REC'D BY LOCAL REG.: August 15 1953 — REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: Dippel Bro — ADDRESS: 1800 ELOMBARD ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH COUNTY: Balto — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 2 wks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ridgeway Manor 5443 Edmondson Ave	STREET ADDRESS (If rural give location): 151 N Lafayette Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Emma Naudain Short	4. DATE OF DEATH (Month) (Day) (Year): Aug 14 1953
5. SEX: F	6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH: Apr 29 1867
9. AGE last birthday: 86 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Graduate Nurse	10b. KIND OF BUSINESS OR INDUSTRY: Hospitals
11. BIRTHPLACE (State or foreign country): Warwick Md	12. CITIZEN OF WHAT COUNTRY? Mrt
13. FATHER'S NAME: James Hall Short	14. MOTHER'S MAIDEN NAME: Martha Gaynor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of [illegible])	16. SOCIAL SECURITY NO.: No
17. INFORMANT: [illegible]	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Bronchopneumonia — 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~~Hea~~ Arteriosclerotic Heart Disease — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Cerebral Thromboses — Years

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12/3, 1951, to 8/11, 1953, that I last saw the deceased alive on 8/11, 1953, and that death occurred at CP m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Perry Futterman	MD	29 Read St.	8/12/53

23. BURIAL, CREMATION REMOVAL (Specify): [illegible]	DATE: Aug 13th 1953	NAME OF CEMETERY OR CREMATORY: Glenwood Mt Lodge	LOCATION (City, town, or county) (State): Smyrna Md
DATE REC'D BY LOCAL REG.: 8/12/53	REGISTRAR'S SIGNATURE: A. W. Hedrick	24. FUNERAL DIRECTOR: [illegible]	ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 8 Film B158 9/15/53 mmk

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) | LENGTH OF STAY (In this place) 6-27 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7002 DUNBAR Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAME
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) (N.M.I.) (Last) SIMANOVICH

4. DATE OF DEATH: (Month) AUG. (Day) 18 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): (MARRIED)

8. DATE OF BIRTH: 17 JULY (Year) 1884 (UNK)

9. AGE last birthday: 69 (UNK) yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STORE KEEPER

10b. KIND OF BUSINESS OR INDUSTRY: GROCERY - WHOLESALE

11. BIRTHPLACE (State or foreign country): YUGOSLAVIA

12. CITIZEN OF WHAT COUNTRY? YUGOSLAVIA

13. FATHER'S NAME: ANTHONY

14. MOTHER'S MAIDEN NAME: MARIA (UNK)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war, or dates of service) X

16. SOCIAL SECURITY NO. 218-28-3617

17. INFORMANT AND ADD[illegible] ANNA SIMANOVICH - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 X Immediate cause (a) Carcinoma of the Lung — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED White at Work ☐ Not White At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-18, 1953, to 8-18, 1953, that I last saw the deceased alive on 8-18, 1953, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Eugene F. Neus M.D | Dundalk 22 Md | 8-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 8-21-53 | NAME OF CEMETERY OR CREMATORY: ST. ANDREWS RVSS. ORTH | LOCATION (City, town, or county) (State): BALTO. CO. Md.

DATE REC'D BY LOCAL REG. 8-20-53 | REGISTRAR'S SIGNATURE: William M Kelly | 24. FUNERAL DIRECTOR: [illegible] Bradley | ADDRESS: Dundalk, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG 24 19[illegible]3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Atlantic
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) E. (Last) SIUDOWSKI

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-29-12

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Self employed (Heating & Air Conditioning Co.)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilmington, Delaware

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank T. Siudowski

14. MOTHER'S MAIDEN NAME: Anna Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 221-09-1570

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 200. (a) GENERALIZED RETICULUM CELL SARCOMA — Interval Between Onset And Death: 1 YEAR

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from July 10, 1953, to Aug. 6, 1953, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 8-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal Burial — DATE THEREOF: 8-9-53 — NAME OF CEMETERY OR CREMATORY: JOhn W. Taylor Memorial Cemetery — LOCATION (City, town, or county) (State): Temperanceville, Va.

DATE REC'D BY LOCAL REGISTRAR: Aug. 12, 1953 — REGISTRAR'S SIGNATURE: Dr Dawson L. Farber

24. FUNERAL DIRECTOR — ADDRESS: Clark Funeral Home, Chincoteague, Virginia

BRIAN V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bellona Ave.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 14
STREET ADDRESS (If rural give location) 103 Deepdene Rd.

3. NAME OF DECEASED: (Type or Print) (First) LOUISE (Middle) GITTINGS (Last) SLOAN

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 10, 1953 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 19, 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John M. Littig

14. MOTHER'S MAIDEN NAME: Sallie Starrett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. James S. Sloan 103 Deepdene Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) DUE TO: Arteriosclerotic Heart Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Generalized arteriosclerosis

(c)

Interval Between Onset And Death: 12 & 24 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1953, to Aug. 10, 1953, that I last saw the deceased alive on Aug. 10, 1953, and that death occurred at 11 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Crawford N. Kilpatrick Jr. MD — 6 E. Eager St. Baltimore — Aug. 11, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/13/53 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 8/11/53 — REGISTRAR'S SIGNATURE: a w Kilpatrick

24. FUNERAL DIRECTOR — ADDRESS: Wm J. Tschner & Sons Inc. Balto md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Upper Falls, Balto:Co X
LENGTH OF STAY (in this place): 8 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Franklinville Rd. Upper Falls X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Upper Falls, Balto:Co.
STREET ADDRESS (If rural, give location): Franklinville Rd. Upper Falls, Balto: Co

3. NAME OF DECEASED (Type or Print): (First) Warren (Middle) W. Kemp Smith (Last) Smith Sr.
4. DATE OF DEATH: (Month) 8-21-1953 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 3rd. 1896
9. AGE last birthday: 57 yrs. If under Months: 0 I year Days: 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Walter Morgan Smith
14. MOTHER'S MAIDEN NAME: Lillie May Stigleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr. James Francis Smith-Franklinville Rd. Upper Falls Balto Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193 X Immediate cause (a) Carcinoma of the Base of the Brain (Medulla oblongata)
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1953, to 8/21, 1953, that I last saw the deceased alive on 8/20, 1953, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE: Clifford F. Hudson M.D. (Degree or title) ADDRESS: Fork Md. DATE SIGNED: 8/21/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 8-24-53
NAME OF CEMETERY OR CREMATORY: St. Johns Long Green
LOCATION (City, town, or county) (State): Balto:Co. Maryland

DATE REC'D BY LOCAL REG.: 8/24/53
REGISTRAR'S SIGNATURE: H. W. Hedrick
24. FUNERAL DIRECTOR: George J. Ruth, Inc.-1735 Harford Ave. Balto: Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. NAME OF DECEASED (Type or Print): ANNIE CROMWELL SOLLEY

2. DATE OF DEATH: Aug. 31, 1953

3. PLACE OF DEATH: A. Baltimore ~~City~~, Maryland ~~County~~ Baltimore County

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A STATE Md. B COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 55 Armacost Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore — Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 1518 E. 33rd St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	married	Jan. 6, 1875	78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Maryland	

13. FATHER'S NAME: John Giles Cromwell

14. MOTHER'S MAIDEN NAME: Amanda E. Harman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	none	Mr. J. Frank Solley, Sr.	1518 E. 33rd St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebro Vascular Accid	1 day
ANTECEDENT CAUSES	DUE TO (B) Arterio sclerotic cardio	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C) vascular disease	5 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (Be specific about home, farm, factory, street, office bldg., etc.) | INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1953 *to* Aug 31, 1953 *that I last saw the deceased alive on* Aug 31, 1953 *and that death occurred at* 9:30 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Hunter H. Todd M. D.	2108 St Paul St	9/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	9/3/53	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/3/53	A W Hedrick	Wm. J. Pickner & Sons	

PLEASE WRITE PLAINLY, IN FADING INK. Every item of information should be carefully supplied. MARGIN RESERVED FOR BINDING. correct age is especially important; physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard X
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 1-4
STREET ADDRESS (If rural give location) 809 N. Bentalou Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) V. (Last) STEPHENS

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-28-13
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Watch maker
10b. KIND OF BUSINESS OR INDUSTRY: Jewler
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Augusta Stephens
14. MOTHER'S MAIDEN NAME: Hanna Noonan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: 213-09-4600
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) HEMATOMA, RIGHT CEREBRUM — Interval Between Onset And Death: 6 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: ESSENTIAL HYPERTENSION — UNKNOWN

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug.10, 1953, to Aug.15, 19 53, ~~[illegible]~~ and that death occurred at 4:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDERGRIFT, M. D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 8-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-18-53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8/17/53
REGISTRAR'S SIGNATURE A. W. Hedrick JT

24. FUNERAL DIRECTOR Howard Blight Funeral Home
ADDRESS 6009 Harford Rd. Baltimore, Md.
Mildred T. Blight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

VS. 41

DCB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR TOWN and give nearest town). (in this place)
54 RURAL - MIDDLE RIVER 54 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS BIRD RIVER ROAD ROUTE 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - MIDDLE RIVER 03-54 1
STREET ADDRESS (If rural give location) ROUTE 20 BIRD RIVER ROAD

3. NAME OF DECEASED: (Type or Print) (First) ANthony (Middle) (Last) STODA

4. DATE OF DEATH: (Month) Aug (Day) 27 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: UNKNOWN
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: STATE OF MD.
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARTIN STODA
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: MRS. ANNA STODA, ROUTE 20, BALTO. 6, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cerebral apoplexy — Interval Between Onset And Death: 2 ds

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio-Vascular Disease — 2 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to Aug 27, 1953, that I last saw the deceased alive on Aug 27, 1953, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Baumgardner M.D. ADDRESS Balto 6 Md DATE SIGNED 8/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 8/31/53
NAME OF CEMETERY OR CREMATORY ST. STANISLAUS
LOCATION (City, town, or county) (State) BALTIMORE, MD

DATE REC'D BY LOCAL REGISTRAR 8/28/53
REGISTRAR'S SIGNATURE R. N. Hedrick M.H.
24. FUNERAL DIRECTOR M.F. SADOWSKI + SONS ADDRESS 1808 EASTERN AVE
Charles D. Sadowski

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (rural)
LENGTH OF STAY (in this place) 73 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Mason (Last) Street

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 22, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 1 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Taylor, Harford Co. Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles H. Streett
14. MOTHER'S MAIDEN NAME: Susan Hutchins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. L. Murray Warfield, Monkton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4301
Immediate cause (a) Coronary occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic cardio-vascular disease
DUE TO
(c)

Interval Between Onset And Death 6 hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1949, to August 6, 1953, that I last saw the deceased alive on Aug. 6, 1953, and that death occurred at 10 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Elizabeth B. Sherrill, M.D. ADDRESS Cockeysville, Md. DATE SIGNED Aug. 6, 1953

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Aug. 8, 1953
NAME OF CEMETERY OR CREMATORY St James Cemetery
LOCATION (City, town, or county) (State) Monkton, Harford, Md
DATE REC'D BY LOCAL REGISTRAR Aug. 7, 1953
REGISTRAR'S SIGNATURE Mrs Howard J. Markline
24. FUNERAL DIRECTOR Martin G. Kurtz, Jarrettsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. (A45)

RECEIVED
AUG 13 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowley's Quarters — LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Chesanut Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto
STREET ADDRESS (If rural, give location): Conkling & O'Donnell Sts.

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) JOHN (Last) STROBEL
4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 12-1899
9. AGE last birthday: 53 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper (Truck)
10b. KIND OF BUSINESS OR INDUSTRY: Natl. Brewery Co
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Strobel
14. MOTHER'S MAIDEN NAME: Sophia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-07-3264
17. INFORMANT AND ADDRESS: George W. Strobel (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) L. Downing

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Red River — (CITY OR TOWN) Middle River — (COUNTY) Balto — (STATE) Md
TIME OF INJURY: (Month) 8 (Day) 15 (Year) 53 (Hour) 2 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Was swimming & suddenly went down —

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: J. W. S. Davis M.D. — (Degree or title) Deputy Med. Exam. — ADDRESS: Lutherville Md — DATE SIGNED: 8/1/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug-18-53 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem. — LOCATION (City, town, or county): Balto Co. — (State): Md.

DATE REC'D BY LOCAL REG.: 8/18/53 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: 418 Eastern Ave Balto-21, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville X
LENGTH OF STAY (in this place) 2-mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville, Md X
STREET ADDRESS (If rural give location) 727 Howard Road

3. NAME OF DECEASED: (Type or Print) (First) Maye (Middle) Victoria (Last) Sturm

4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1953

5. SEX: Female Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 2-1-1883
9. AGE last birthday: 70 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Schnellsville Ind. 12
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dr. John P. Salb
14. MOTHER'S MAIDEN NAME: Margaret Betz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Ralph E. Sturm - 727 Howard Rd - Pikesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Myocardial infarction	1 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	3 yr.
	DUE TO (c) Hypertensive C-V disease	20 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Aug, 1953 that I last saw the deceased alive on Aug. 15, 1953, and that death occurred at 1 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Ernest C. Brownlee / Klemmfilter
ADDRESS 1101 N. Calvert St. Balto-2, Md.
DATE SIGNED 8/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-22-53
NAME OF CEMETERY OR CREMATORY Trinity St. Josephs
LOCATION (City, town, or county) (State) Jasper, Ind.
DATE REC'D BY LOCAL REGISTRAR 8-19-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Frank H. Newell - Pikesville, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex Balto 21 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 334 Townsend Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Charles (Last) Tzinski.
4. DATE OF DEATH (Month) Aug (Day) 30 (Year) 53
5. SEX Male
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 13/1892
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm. Tzinski.
14. MOTHER'S MAIDEN NAME Frances Malinowski.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Sophia C. Tzinski. (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severe Parkinson's Disease — over 20 yrs.

(c) Hypertension & arteriosclerosis. Haemoptysis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 30/53 9:45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide , homicide , undetermined ☐.*

SIGNATURE (Degree or title) Dr. Wm Carmine — ADDRESS Deputy Medical Examiner Balto. Co. Dundalk 22 Md — DATE SIGNED 8/31/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF SEPT. 3-1953 — NAME OF CEMETERY OR CREMATORY U.S. Baltimore National — LOCATION (City, town, or county) Balto. Md (State)

DATE REC'D BY LOCAL REG. 9/2/53 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR George A. Weber 705 S. Ann St. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale | LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8062 Roslyn Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural, give location) 8062 Roslyn Ave.

3. NAME OF DECEASED (Type or Print): (First) LUTHER (Middle) CALVIN (Last) VORIS
4. DATE OF DEATH (Month) (Day) (Year): Aug. 11. 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May. 24. 1880
9. AGE last birthday: 73 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rail Road Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Louisville Ky.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James William Voris
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) Spanish-Amer. War
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. L. H. Waggoner 8062 Roslyn Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebrovascular accident — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension
(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Thrombosis - April 1950
Carcinoma of Prostate - Orchiectomy - 4 mi. - 20+ yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1 ..., 1950..., to Aug 11 ..., 1953., that I last saw the deceased alive on Aug 11 ..., 1953, and that death occurred at 10:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Richard J. Tuke M.D. 35 St Paul St Baltimore 1, Md. August 12, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 1953
NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 8/14/53
REGISTRAR'S SIGNATURE L. W. Hedrick
24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. ADDRESS: Baltimore Md. Henry Sander

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2506 WAGNER AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE
STREET ADDRESS (If rural, give location) 2506 WAGNER AVE

3. NAME OF DECEASED (Type or Print) (First) DONALD (Middle) RALPH (Last) WAGNER
4. DATE OF DEATH (Month) AUG (Day) 31 (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH JUNE 21, 1948
9. AGE last birthday 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME RAYMOND WAGNER
14. MOTHER'S MAIDEN NAME LUCILLE PERRY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS RAYMOND WAGNER 2506 WAGNER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hydrocephalus

344X Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M. Davis M (Degree or title) ADDRESS Lillehack N M DATE SIGNED 9/1/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF SEPT 3, 1953
NAME OF CEMETERY OR CREMATORY OAK LAWN
LOCATION (City, town, or county) (State) COLGATE MD

DATE REC'D BY LOCAL REG. 9/1/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME ADDRESS 2112 DUNDALK

Dupl

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. L-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard X
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 101 Main Street

3. NAME OF DECEASED: (Type or Print) (First) ELTON (Middle) KINES (Last) WARD

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2-15-21

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Oyster man

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Ira Ward

14. MOTHER'S MAIDEN NAME: Hattie Daughtery

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: 219-01-3896

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4231

Immediate cause (a) INFARCTION OF THE MYOCARDIUM DUE TO ARTERIOSCLEROTIC 1 HOUR

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) CORONARY THROMBOSIS

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 4, 19 53, to Aug. 6, 19 53, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE F G Dickey (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 8-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 9-53 NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Covington Funeral Home, Crisfield, Md.

2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6123 Mountridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 6123 Mountridge Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) J. (Last) Warfield

4. DATE OF DEATH: (Month) Aug. (Day) 8/53 (Year) 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan. 15/81
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Work
14. MOTHER'S MAIDEN NAME: Sarah Elliott

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Blanch Bottiger, 6123 Mountridge Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Adams-Stokes Syndrome with complete heart block — Interval Between Onset And Death: immediate

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease — 6 months

DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 6, 1953, to August 8, 1953, that I last saw the deceased alive on July 24, 1953, and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Melvin N. Borden, M.D. ADDRESS 5000 Old Frederick Road, Balt 29, Md DATE SIGNED 8/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 11/53
NAME OF CEMETERY OR CREMATORY Western
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REGISTRAR AUG 11 1953
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Harry H. Nitzke ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore, Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8617 Willow Oak Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Towson
STREET ADDRESS (If rural give location): 8617 Willow Oak Road

3. NAME OF DECEASED (Type or Print): (First) Mrs. Mary (Middle) (Last) Wassin

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: June 28, 1885

9. AGE Last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Austria, Hungary

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Ann Paconowski, 8617 Willow Oak

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

592 X
Immediate cause (a) Diabetes Mellitus with Acidosis

Antecedent causes (b) Arteriosclerotic C.V. Disease
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(260 X) (c) Chronic Nephritis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1953, to Aug. 17, 1953, that I last saw the deceased alive on Aug. 16, 1953, and that death occurred at 2 00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Nathan Janney M.D. — ADDRESS: 7101 Harford Rd. — DATE SIGNED: 8/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 19, 1953 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem. — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8/17/53 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Leonard J. Buck — ADDRESS: 5305 Harford Road.

Dr. Janney
7101 Harford Road

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Wilson
LENGTH OF STAY (in this place): 1 mo. 18 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Damascus
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Evelyn (Middle) Eader (Last) Watkins
4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 6/30/1924
9. AGE last birthday: 29 yrs. If under 1 year: Months 1, Days 5. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Adamstown, Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Robert E. Eader
14. MOTHER'S MAIDEN NAME: Jessie N. Bucklew
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Yes-Unknown
17. INFORMANT AND ADDRESS: Evelyn Eader Watkins, Damascus, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far advanced pulmonary tuberculosis. — Interval between onset and death: Approx. 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Peritonitis, pelvic — 10 days

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/18, 1953, to 8/5, 1953, that I last saw the deceased alive on 8/5, 1953, and that death occurred at 4:50a.m., from the causes and on the date stated above.

SIGNATURE: William Newcomer (Degree or title): M.D., SUPT. ADDRESS: Mt. Wilson, Maryland DATE SIGNED: 8/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/7/53 — NAME OF CEMETERY OR CREMATORY: Damascus Methodist Cem. — LOCATION (City, town, or county) (State): Damascus, Maryland

DATE REC'D BY LOCAL REG. 8/6/53 — REGISTRAR'S SIGNATURE: Helen M. Derr

24. FUNERAL DIRECTOR: Olin L. Molesworth, Damascus, Md. ADDRESS:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 61 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2420 McCulloh Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) H. (Last) Watts
4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8/21/95
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Stewart
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. Railroad
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert H. Watts, Sr.
14. MOTHER'S MAIDEN NAME: Mattie Liggins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: 705-05-6688
17. INFORMANT & ADDRESS: Clin. Rec., Vet Adm. Hosp. Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

161X

Immediate cause (a) Squamous cell carcinoma of the larynx.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1953, to Aug. 22, 1953, ~~that I last saw the deceased~~ ~~alive~~ and that death occurred at 2:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert C. Duvall, M.D.
ADDRESS VAH, Fort Howard, Maryland
DATE SIGNED 8-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/26/53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR 8-25-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.

24. FUNERAL DIRECTOR ADDRESS
Arlington S. Phillips Funeral Home
1808 N. Monroe Street, Baltimore 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ✓ | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sparrows Pt. Bethlehm Steel Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 00-01-4
STREET ADDRESS (If rural, give location) 534 W. Barre St.

3. NAME OF DECEASED (Type or Print) (First) AUBREY (Middle) (Last) WILKERSON
4. DATE OF DEATH (Month) August (Day) 31 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Apr. 6, 1888
9. AGE last birthday 65 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Bethlehm Steel Co
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Richmond, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Ellen Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Bessie Wilkerson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

443 X Immediate cause (a) Hypertensive cardiovascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Joseph A. Jachimczyk (Degree or title) Assistant Medical Examiner ADDRESS 700 Fleet St.-Balto., Md. DATE SIGNED 9/1/53

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF Sept 1, 1953 | NAME OF CEMETERY OR CREMATORY Richmond, Va. | LOCATION (City, town, or county) Richmond, Va. (State)
DATE REC'D BY LOCAL REG. 9/1/53 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR Mrs Robt. S. Elliott & Sons | ADDRESS 1129 N. Carolina St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07894

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52
LENGTH OF STAY (in this place) 9 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6201 Frederick Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28 52 03-52-1
STREET ADDRESS (If rural give location) 6201 Frederick Rd.

3. NAME OF DECEASED: (Type or Print) (First) Linus (Middle) G. (Last) Wittkamp

4. DATE OF DEATH: (Month) 8 (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-8-1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Lumber Insp.

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Lumber

11. BIRTHPLACE (State or foreign country): VIRGINIA 43

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard Wittkamp

14. MOTHER'S MAIDEN NAME: Katherine Setterding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Thomas A. Wittkamp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 X

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 1/2 hr.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic Mitral Valvular Disease — 50 yr (?)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-7, 1944, to 8-29, 1953, that I last saw the deceased alive on 8-29, 1953, and that death occurred at 9.30 P.M., from the causes and on the date stated above.

SIGNATURE Wilmer K. Galloway (Degree or title) M.D. ADDRESS Catonsville 28, Md. DATE SIGNED 8-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9-1-53

NAME OF CEMETERY OR CREMATORY Mt. Olivet

LOCATION (City, town, or county) (State) Elizabeth, New Jersey

DATE REC'D BY LOCAL REGISTRAR 8-31-53

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Mac Nabb & Son ADDRESS Catonsville

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard X
LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: A.A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arnold
STREET ADDRESS (If rural give location): 02X 2

3. NAME OF DECEASED: (Type or Print) (First) HERBERT (Middle) L. (Last) ZORN
4. DATE OF DEATH: (Month) August (Day) 14 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	8-10-98	55 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Steel Co.	East Earl, Pennsylvania	U. S. A.

13. FATHER'S NAME: Calvin Zorn
14. MOTHER'S MAIDEN NAME: Annie Hineas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
✓ Yes	WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

193X

Immediate cause (a) GLIOBLASTOMA, RIGHT FRONTAL LOBE — 6 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OSTEOMYELITIS OF SKULL — 3 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-3-53	Craniotomy, right cerebral hemispherectomy Craniectomy	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that VA attended the deceased from July 29, 1953, to Aug. 14, 1953, [illegible] and that death occurred at 9:25 PM, from the causes and on the date stated above.

SIGNATURE ALLYN F. JUDD, M. D. (Degree or title) — ADDRESS VAH, FORT HOWARD, MD. — DATE SIGNED 8-15-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug.17/53	Druid Ridge Cemetery	Pikesville, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/17/53	a w Hedrick	Witzke Funeral Home,	4101 Edmondson Ave. Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15